DOCUMENT RESUME

ED 094 292 CG 009 065

TITLE	Hearings Before the Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare.
INSTITUTION	Congress of the U.S., Washington, D.C. Senate Committee on Labor and Public Welfare.
PUB DATE	Feb 74
NOTE	410p.
EDRS PRICE	MF-$0.75 HC-$19.80 PLUS POSTAGE
DESCRIPTORS	*Alcohol Education; Community Programs; *Drug Education; *Drug Legislation; *Federal Government; Federal Legislation; *Government Publications

ABSTRACT

This document contains the hearings before the U. S. Senate's Subcommittee on Alcoholism and Narcotics on the questions of extending and improving the Drug Abuse Education Act of 1970. Because of the concerns inherent in possible repeal of this act, two bills were presented which would greatly improve both the quality and quantity of drug and alcohol abuse education programs in schools and communities. Under Bill 2848, funds would be allocated for comprehensive demonstration programs in school-communities which would focus on the causes of abuse rather than the symptoms. Money under this bill would also be available for creative primary prevention and early intervention programs utilizing an interdisciplinary 'school team approach.' Community education programs and thorough evaluation techniques were also discussed. Committee Bill 9456 would extend for three years the 1970 Act and would authorize $90 million over a three-year period. (Author/PC)

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ED 094292

DRUG ABUSE EDUCATION AMENDMENTS, 1974

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON
ALCOHOLISM AND NARCOTICS

OF THE

COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

NINETY-THIRD CONGRESS

SECOND SESSION

ON

S. 2848

TO EXTEND AND IMPROVE THE DRUG ABUSE EDUCATION ACT OF 1970

H.R. 9456

TO EXTEND THE DRUG ABUSE EDUCATION ACT OF 1970 FOR THREE YEARS

FEBRUARY 7 AND 8, 1974

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Printed for the use of the Committee on Labor and Public Welfare

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U.S. GOVERNMENT PRINTING OFFICE
31-356 O WASHINGTON : 1974

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DRUG ABUSE EDUCATION AMENDMENTS, 1974

THURSDAY, FEBRUARY 7, 1974

U.S. SENATE,
SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The subcommittee met at 10:15 a.m. in room 4232, Dirksen Senate Office Building, Senator Harold E. Hughes, chairman of the subcommittee, presiding.

Present: Senators Hughes, Randolph, and Javits.

OPENING STATEMENT

Senator HUGHES. The Subcommittee on Alcoholism and Narcotics will come to order for the specific purpose of hearings on drug abuse education legislation.

We are here this morning to consider the Federal Government's responsibility to encourage education programs that will help to reduce the abuse of drugs among young people. I hope that we can all agree that drug abuse is still a serious national problem and that we must maintain a vigorous and determined preventive program.

I was interested to see that in his state of the Union message last week the President reviewed past drug abuse programs, prevention and control programs, and then said:

> Nevertheless, the drug battle is far from over. For the sake of the next generation, I am determined to keep the pressure on, to ensure that the heartening progress made to date is translated into a lasting victory over heroin and other drugs.

I took these words as a hopeful sign until I saw the fiscal 1975 budget statement that Federal support for programs under the Drug Abuse Education Act would be terminated at the end of fiscal 1974. Funds for drug law enforcement activities and for the treatment and rehabilitation of those who have become dependent on drugs will be continued. At another time we may question whether support for these programs, and particularly for alcohol programs, is adequate, but at least the Federal effort with respect to treatment and rehabilitation is not being annihilated.

I cannot understand why the education program, which is the one set up "for the sake of the next generation," to use the President's words, should be terminated. This decision is tragically shortsighted, from a human as well as a budgetary standpoint.

During this past year we have heard reports from all parts of the Nation telling that children at younger and younger ages are experimenting with the whole range of drugs of abuse, from alcohol to heroin. They are mixing them in extremely dangerous combinations, and all too often these young people are not just seeking a mild alteration of mood; instead, for whatever reason, they are reaching for profound and potentially explosive impacts. I cannot believe the time has come for the Federal Government to abandon an important educational, preventive program, particularly one that has cost so little thus far.

The Drug Abuse Education Act of 1970 has been carried out through a very modest program in the U.S. Office of Education. The budget indicates that it cost only $12.3 million in fiscal 1973, and it estimates expenditures of just $5.7 million in fiscal 1974. Yet, in its small way, this program has reached schools throughout the country through small training grants and the assistance it has given in organizing local program leadership. Perhaps most important, because it is administered by the Office of Education, the program has credibility with State and local education agencies.

We have heard much criticism of some of the local drug education programs on the ground that providing information about drugs and issuing dire warnings against them won't work, and may even arouse young people's interest in trying drugs.

We can all agree here that this is a valid criticism of those programs which have been poorly planned and limited strictly to furnishing information. Those schools that have been reached by the Office of Education and have been willing to accept the advice and guidance available to them under the Drug Abuse Education Act have not wasted their money on such unproductive or even harmful programs. I am convinced that if the act is not extended, we will see much more of this misguided, if well-meaning, effort by local people who have neither the resources nor the expertise to establish effective programs without help.

We have before us today two bills that would extend the Act for three more years—H.R. 9456, passed by the House last year, and S. 2848, introduced by Senator Javits at the end of the last session of Congress. Five members of our subcommittee—Senators Williams, Dominick, Cranston, Beall, and I, are cosponsors of S. 2848.

[A copy of the bills referred to and the House report on H.R. 9456 follow:]

93d CONGRESS
1st Session

S. 2848

IN THE SENATE OF THE UNITED STATES

DECEMBER 21, 1973

Mr. JAVITS (for himself, Mr. HUGHES, Mr. WILLIAMS, Mr. DOMINICK, Mr. CRANSTON, and Mr. BEALL) introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

---

A BILL

To extend and improve the Drug Abuse Education Act of 1970.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Alcohol and Drug Abuse Education Act Amendments of 1974".

SEC. 2. (a) Section 1 of the Drug Abuse Education Act of 1970 (21 U.S.C. 1001) is amended to read as follows: "This Act may be cited as the 'Alcohol and Drug Abuse Education Act'.".

(b) Section 2 of such Act is amended to read as follows:

II

"SEC. 2. (a) The Congress hereby finds and declares that drug and alcohol abuse diminishes the strength and vitality of the people of our Nation; that an increasing number of substances, both legal and illegal, are being abused by increasing numbers of individuals; that abuse of any substance is complex human behavior which is influenced by many forces—school, family, church, community, media, peer groups; and that prevention and early intervention require cooperation and coordination of all of these in strategies designed to respond to carefully defined problems.

"(b) It is the purpose of this Act to provide leadership to schools and other institutions in the community by supporting projects to identify, evaluate, demonstrate and disseminate effective drug and alcohol abuse prevention and early intervention strategies and to provide training and technical assistance to schools and other segments of the community in adapting such strategies to identified local needs."

(c) Section 3 of such Act is amended to read as follows:

"SEC. 3. (a) The Secretary shall carry out a program of making grants to, and contracts with, institutions of higher education, State and local educational agencies, and public and private education or community agencies, institutions and organizations to support and evaluate demonstration projects and to disseminate these nationally, to train educational and community personnel that have or should have an important influence on the behavior of young people and to provide technical assistance in program development.

"(b) Funds appropriated for grants and contracts under this Act shall be available for such activities as—

"(1) comprehensive demonstration programs in school-communities which focus on the causes of drug and alcohol abuse rather than the symptoms; which emphasize the affective as well as the cognitive approach; which reflect the specialized needs of local communities; and which involve, in planning and development, school personnel, the target population, community representation, and parents;

"(2) creative primary prevention and early intervention programs in schools utilizing an interdisciplinary 'school team approach' to prepare educational personnel together with students better to respond to the drug and alcohol problems in the schools by developing in them skills in planning comprehensive school drug and alcohol abuse prevention programs to include such activities as peer group and individual counseling, group leadership training rap groups, training of drug and alcohol education specialists, student involvement in intellectual, cultural and social alternatives to drug and alcohol use;

"(3) grants to State education departments to support specific projects for—

(A) inservice training of educational personnel,

(B) technical assistance to local school districts,

(C) creative leadership in programing for indigenous minorities, and

(D) training of peer counselors;

"(4) evaluations of the effectiveness of programs described in paragraphs (1), (2), and (3);

"(5) preservice and inservice training programs on drug and alcohol abuse prevention for teachers, counselors, and other educational personnel, law enforcement officials and other public service and community leaders and personnel;

"(6) training of educational personnel in the selection and use of support materials in drug and alcohol abuse prevention;

"(7) community education programs on drug and alcohol abuse, especially for parents and others (as appropriate) in the community;

"(8) evaluations of the training and community education programs described in paragraphs (5) and (7), including the examination of the intended and actual impact of such programs, the identification of strengths and weaknesses in such programs, and the evaluation of materials used in such programs;

"(9) programs or projects to recruit, train, organize, and employ professionals and other persons, including former drug and alcohol abusers or drug- and alcohol-dependent persons to organize and participate in programs of public education in drug and alcohol abuse; and

"(10) projects for the dissemination of valid and effective school-community drug and alcohol abuse education programs.

"(c) There are authorized to be appropriated to carry out the purposes of this section $26,000,000 for the fiscal year ending June 30, 1974, $30,000,000 for the fiscal year ending June 30, 1975, and $34,000,000 for the fiscal year ending June 30, 1976."

SEC. 3. The Drug Abuse Education Act of 1970 is further amended by striking out "drug abuse" each time it appears in section 5 and inserting in lieu thereof "drug and alcohol abuse.".

93D CONGRESS
1ST SESSION

S. 1845

IN THE SENATE OF THE UNITED STATES

MAY 17, 1973

Mr. BAYH introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To authorize the Secretary of Health, Education, and Welfare to make grants to conduct special educational programs and activities concerning the use of drugs and for other related educational purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "Drug Abuse Education Extension Act of 1973".

STATEMENT OF PURPOSE

SEC. 2. The Drug Abuse Education Act of 1970 is amended to read as follows:

"(a) The Congress hereby finds and declares that drug abuse diminishes the strength and vitality of the people of our Nation; that such abuse of dangerous drugs is increasing in urban and suburban areas; that there is a dearth of creative projects designed to educate students and others about drugs and their abuse; and that prevention and control of such drug abuse require intensive and coordinated efforts on the part of both governmental and private groups.

"(b) It is the purpose of this Act to encourage the development of new and improved curriculums on the problems of drug abuse; to demonstrate the use of such curriculums in model educational programs and to evaluate the effectiveness thereof; to disseminate curricular materials and significant information for use in educational programs throughout the Nation; to provide training programs for teachers, counselors, law enforcement officials, and other public service and community leaders; and to offer community education programs for parents and others, on drug abuse problems.

"DRUG ABUSE EDUCATION PROJECTS

"SEC. 3. (a) The Secretary shall carry out a program of making grants to, and contracts with, institutions of higher education, State and local educational agencies, and other public and private education or research agencies, institutions, and organizations to support research, demonstration, and pilot projects designed to educate the public on problems related to drug abuse.

"(b) Funds appropriated for grants and contracts under this section shall be available for such activities as—

"(1) projects for the development of curriculums on the use and abuse of drugs, including the evaluation and selection of exemplary existing materials and the preparation of new and improved curricular materials for use in elementary, secondary, adult, and community education programs;

"(2) projects designed to demonstrate, and test the effectiveness of curriculums described in clause (1) (whether developed with assistance under this Act or otherwise);

"(3) in the case of applicants who have conducted projects under clause (2), projects for the dissemination of curricular materials and other significant information regarding the use and abuse of drugs to public and private elementary, secondary, adult, and community education programs;

"(4) preservice and inservice training programs on drug abuse (including courses of study, institutes, seminars, workshops, and conferences) for teachers, counselors, and other educational personnel, law enforcement officials, and other public service and community leaders and personnel;

"(5) community education programs on drug abuse (including seminars, workshops, and conferences) especially for parents and others in the community;

"(6) programs or projects to recruit, train, organize, and employ professional and other persons, including former drug abusers or drug dependent persons, to organize and participate in programs of public education in drug abuse.

"(c) In addition to the purposes described in subsection (b) of this section, funds in an amount not to exceed 5 per centum of the sums appropriated to carry out this section may be made available for the payment of reasonable and necessary expenses of State educational agencies in assisting local educational agencies in the planning, development, and implementation of drug abuse education programs.

"(d) (1) Financial assistance for a project under this section may be made only upon application at such time or times, in such manner, and containing or accompanied by such information as the Secretary deems necessary, and only if such application—

"(A) provides that the activities and services for which assistance under this title is sought will be administered by or under the supervision of the applicant;

"(B) provides for carrying out one or more projects or programs eligible for assistance under subsection (b) of this section and provides for such methods of administration as are necessary for the proper and efficient operation of such projects or programs;

"(C) sets forth policies and procedures which assure that Federal funds made available under this section for any fiscal year will be so used as to supplement and, to the extent practical, increase the level of funds that would, in the absence of such Federal funds, be made available by the applicant for the purposes described in subsection (b) of this section, and in no case supplant such funds; and

"(D) provides for making such reports, in such form and containing such information, as the Secretary may reasonably require, and for keeping such records and for affording such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports.

"(2) Applications from local educational agencies for financial assistance under this section may be approved by the Secretary only if the State educational agency has been notified of the application and been given the opportunity to offer recommendations.

"(3) Amendments of applications shall, except as the Secretary may otherwise provide by or pursuant to regulation, be subject to approval in the same manner.

"(e) There are hereby authorized to be appropriated $14,000,000 for the fiscal year beginning July 1, 1973, for the purpose of carrying out this section. Sums appropriated pursuant to this section shall remain available until expended.

"COMMUNITY EDUCATION PROJECTS

"SEC. 4. There is authorized to be appropriated $14,000,000 for the fiscal year beginning July 1, 1973, for grants or contracts to carry out the provisions of this section. From the sums available therefor for any fiscal year, the Secretary of Health, Education, and Welfare is authorized to make grants to, or enter into contracts with, public or private nonprofit agencies, organizations, and institutions for planning and carrying out community-oriented education programs on drug abuse and drug dependency for the benefit of interested and concerned parents, young persons, community leaders, and other individuals and groups within a community. Such programs may include, among others, seminars, workshops, conferences, telephone counseling and information services to provide advice, information, or assistance to individuals with respect to drug abuse or drug dependency problems, the operation of centers designed to serve as a locale which is available, with or without appointment or prior arrangement, to individuals seeking to discuss or obtain information, advice, or assistance with respect to drug abuse or drug dependency problems, arrangements involving the availability of so-called peer group leadership programs, and programs establishing and making available procedures and means of coordinating and exchanging ideas, information, and other data involving drug abuse and drug dependency problems. Such programs shall, to the extent feasible, (A) provide for the use of adequate personnel from similar social, cultural, age, ethnic, and racial backgrounds as those of the individuals served under any such program, (B) include a comprehensive and coordinated range of services, and (C) be integrated with, and involve the active participation of, a wide range of public and nongovernmental agencies.

"TECHNICAL ASSISTANCE

"SEC. 5. The Secretary and the Attorney General (on matters of law enforcement) shall, when requested, render technical assistance to local educational agencies, public and private nonprofit organizations, and institutions of higher education in the development and implementation of programs of drug abuse education. Such technical assistance may, among other activities, include making available to such agencies or institutions information regarding effective methods of coping with problems of drug abuse, and making available to such agencies or institutions personnel of the Department of Health, Education, and Welfare and the Department of Justice, or other persons qualified to advise and assist in coping with such problems or carrying out a drug abuse education program.

"EVALUATION

"SEC. 6. (a) The Secretary shall provide for independent, thorough evaluation, at least annually, of all drug abuse education projects funded under section 3 and all community education projects funded under section 4 of this Act. Such evaluation shall include, but is not limited to, the following factors:

"(1) a careful assessment of the impact of such programs and the materials used in such programs, including curriculums in use in elementary, secondary, and adult and community education programs involved in projects described in section 3 (b) (2), in reducing the incidence and frequency of the abuse of narcotic and nonnarcotic dangerous drugs in the communities served;

"(2) an examination of the strengths and weaknesses of such programs, particularly with regard to reaching different age and socioeconomic groups in the communities served; and

"(3) the relative effectiveness of these types of programs in reducing drug abuse as compared to other possible preventive efforts.

"(b) On the basis of these evaluations and other information, the Secretary shall make a comprehensive annual report to the Congress on the immediate and long-range merit of programs funded under this Act in reducing drug abuse in the United States, with particular emphasis on the relative strengths and weaknesses of such programs. The report shall also include the Secretary's recommendation for any legislative or programmatic changes necessary to make drug abuse education efforts more effective.

"(c) At least 10 per centum of the funds appropriated under this Act shall be used for evaluation purposes as provided by this section.

"PAYMENTS

"SEC. 7. Payments under this Act may be made in installments and in advance or by way of reimbursement, with necessary adjustments on account of overpayments or underpayments.

"ADMINISTRATION

"SEC. 8. In administering the provisions of this Act, the Secretary is authorized to utilize the services and facilities of any agency of the Federal Government and of any other public or private agency or institution in accordance with appropriate agreements, and to pay for such services either in advance or by way of reimbursement, as may be agreed upon.

"DEFINITIONS

"SEC. 9. As used in this Act—

"(a) The term 'Secretary' means the Secretary of Health, Education, and Welfare.

"(b) The term 'State' includes, in addition to the several States of the Union, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands."

93d CONGRESS
1st Session

H. R. 9456

IN THE SENATE OF THE UNITED STATES

NOVEMBER 2, 1973

Read twice and referred to the Committee on Labor and Public Welfare

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AN ACT

To extend the Drug Abuse Education Act of 1970 for three years.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 3 (c) of the Drug Abuse Education Act of 1970 is amended by inserting ", whichever is greater," after "not to exceed", and by inserting after "this section" the following: ", or the amount provided in subsection (e),".

SEC. 2. (a) Section 3 (e) of the Drug Abuse Education Act of 1970 is amended to read as follows:

"(e) (1) There is hereby authorized to be appropriated $14,000,000 for the fiscal year ending June 30, 1974, $16,000,000 for the fiscal year ending June 30, 1975, and

$18,000,000 for the fiscal year ending June 30, 1976, for purposes of carrying out this section.

"(2) Of the funds appropriated to carry out this section for a fiscal year, $6,000,000 may be used by the Secretary only for grants and contracts under subsection (a).

"(3) From the funds appropriated to carry out this section for a fiscal year, $100,000 shall be made available by the Secretary to each State agency for paying its expenses under subsection (c), except that if the funds so appropriated are inadequate for such purpose, the amount made available to each such agency shall be reduced pro rata.

"(4) Where the funds appropriated under section 4 exceed $6,000,000 for a fiscal year and where such funds are available for expenditure under the proviso of section 4, the Secretary, out of funds appropriated to carry out this section, may, in addition to payments authorized by paragraph (2), make payments for expenses of State educational agencies under subsection (c) in an amount not aggregating more than $2,400,000, but the amount paid any State shall not exceed an amount which bears the same ratio to the total amount available under this paragraph for payments to all the States as the population of the State bears to the population of all the States.

"(5) From the funds appropriated to carry out this section for a fiscal year, not more than $500,000 shall be used by the Secretary for an independent analysis and evaluation of the effectiveness of drug and alcohol abuse and drug and alcohol dependency education programs.

"(6) Funds appropiated to carry out this section which remain after the application of the preceding paragraphs may be used to carry out this section without restriction.".

(b) The Drug Abuse Education Act of 1970 (21 U.S.C. 1001–1007) is further amended (1) by striking out "drug abuse" each time it appears and inserting in lieu thereof "drug and alcohol abuse", (2) by striking out "abuse of drugs" each time it appears in section 3 (b) and inserting in lieu thereof "abuse of drugs and alcohol", (3) by striking out "drug abusers or drug dependent persons" in section 3 (b) (8) and inserting in lieu thereof "drug or alcohol abusers or drug or alcohol dependent persons", (4) by striking out "drug dependency" each time it appears in section 4 and inserting in lieu thereof "drug and alcohol dependency", and (5) by inserting after "Drug" in section 1 the following: "and Alcohol".

SEC. 3. (a) The first sentence of section 4 of such Act is amended to read as follows: "There is authorized to be appropriated $12,000,000 for the fiscal year ending June 30, 1974, $14,000,000 for the fiscal year ending June 30, 1975, and $16,000,000 for the fiscal year ending June 30, 1976, for grants and contracts to carry out this section: *Provided*, That no funds appropriated for any fiscal year to carry out this section may be expended until the amount appropriated for that year to carry out section 3 exceeds $11,500,000.".

Passed the House of Representatives October 30, 1973.

Attest: W. PAT JENNINGS,

Clerk.

93d Congress } HOUSE OF REPRESENTATIVES { Report
1st Session } { No. 93-605

EXTENDING THE DRUG ABUSE EDUCATION ACT

October 23, 1973.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. Perkins, from the Committee on Committee on Education and Labor, submitted the following

REPORT

together with

MINORITY, ADDITIONAL, SUPPLEMENTAL, AND ADDITIONAL SUPPLEMENTAL VIEWS

[To accompany H.R. 9456]

The Committee on Committee on Education and Labor, to whom was referred the bill (H.R. 9456) to extend the Drug Abuse Education Act for 3 years, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment strikes out all after the enacting clause and inserts a substitute text which appears in italic type in the reported bill.

Background

In November 1970, Congress, realizing that the problem of the abuse of dangerous drugs had reached epidemic proportions, gave overwhelming support to passage of the Drug Abuse Education Act of 1970 as a means of teaching our citizenry about the dangers of abusing drugs.

Evidence of the wide Congressional support for the Drug Abuse Education Act are the recorded votes during the debate on the original measure. The Drug Abuse Education Act was approved in the House of Representatives in October 1969 by a vote of 294–0, and in the Senate in November 1970 by a vote of 79–0.

The bill was thereafter signed into public law by President Nixon on December 3, 1970 (P.L. 91-527).

PURPOSE OF THE DRUG ABUSE EDUCATION ACT

In attempting to provide drug abuse education, the Act provides flexible and broad authority for support of drug abuse education particularly in elementary and secondary schools and in local communities.

The Committee noted in the 1970 Report which accompanied the bill (Report 91-599) that "There must be several components of an effective program of drug abuse education."

And the Report listed what the Committee considered to be the most critical elements of such an educational program.

> First, education on the dangers of the abuse of drugs can be provided through a variety of institutions, of which the schools and community organizations at the local level are among the most important.
>
> Second, the curriculums for such courses must take account of the different factors, social, medical, legal, psychological, involved in drug abuse. It is essential, therefore, to develop scientifically valid and credible materials for drug abuse education.
>
> Third, it is also essential to provide training in drug abuse education to teachers and others who offer such courses.
>
> Fourth, it is necessary to evaluate the effectiveness of both curriculums and training.

Concluded the Committee:

> . . . there is a serious lack of teachers and counselors to provide instruction on the dangers of drug abuse and that our schools and educational institutions generally are ill equipped to provide objective scientifically valid instruction on drug use and abuse.

The Drug Abuse Education Act of 1970, therefore, was aimed at alleviating two problems of: 1) inadequate scientific materials for the teaching at all levels of society about the dangers of drug use and abuse; and 2) the lack of adequately trained teachers.

THE PURPOSES OF H.R. 9456

The Committee bill, H.R. 9456, would extend for three years the Drug Abuse Education Act of 1970 and would authorize $90 million over a three year period.

In addition, the bill provides for earmarking in the following manner:

> the first $6 million appropriated would be available to the Secretary of the Department of Health, Education, and Welfare, to fund drug abuse education programs under Section 3 of the Act;
>
> the next $5.6 million would be allotted to the state education agencies to enable them to assist local education agencies in the planning, development and implementation of drug abuse education programs;
>
> the next $6 million would be provided to the Secretary of Health, Education, and Welfare to support community education projects under Section 4;

the next, $2.4 million would be allotted to the state education agencies on the basis of population;

the remaining money would be used to fund community projects under Section 4.

NEED FOR DRUG ABUSE EDUCATION

The 1970 Committee Report (91-599) indicated that the problem of drug use and abuse in the United States had been increasing at an alarming rate.

The Report noted:

> Early in 1969 the Department of Health, Education, and Welfare issued a statement indicating that drug abuse had almost reached epidemic proportions. In the annual crime report of the FBI, issued in August 1969, the Bureau of Narcotics and Dangerous Drugs revealed that the number of arrests for drug violations had increased by 329 percent since 1960.

Recent indications in a variety of newspaper accounts, however, leave the impression that the problem may be receding.

The September 12, 1973, *New York Times*, for example, carried a story headlined, NIXON OPTIMISTIC ON DRUG ABUSES, and noted that the President felt the United States had "turned the corner on drug addiction."

The Committee would like to be able to share this view, but finds, unfortunately, that it cannot do so in good conscience.

For although the United States is making some progress in the fight against the use of dangerous drugs, we clearly, as President Nixon pointed out on September 11, 1973, before the Conference on Treatment Alternatives to Street Crime, have "a long road after turning that corner before we get to our goal of getting it (drug addiction) under control."

Dr. Jerome H. Jaffe, M.D., Director of the Special Action Office for Drug Abuse Prevention, stressed the same theme before the Special Studies Subcommittee of the House Government Operations Committee, on May 1, 1973, when he said:

> Despite the progress which has already been made in combating drug abuse, available techniques continued to estimate the number of heroin addicts in the United States at 500,000 to 600,000 in 1972. In addition, hundreds of thousands of Americans use other non-narcotic drugs to excess.

Indeed, although public reports tend to indicate that the problem of heroin addiction is declining, Dr. Jaffe told the Special Studies Subcommittee that 1972 studies:

> point to a *downturn in the rate of increase* in heroin addiction. (emphasis added)

The Committee is encouraged by this development, but it affords no justification for the Federal government to abandon the variety of Federal efforts, including law enforcement, rehabilitation and treatment, as well as education, which have contributed to the drop in the rate of addiction.

For the drug abuse problem in the United States is still, clearly, very much with us.

Drug abuse in schools

In March of this year, for example, the Second Report of the National Commission on Marihuana and Drug Abuse reported that the incidence of use of heroin and other opiates had increased from 2% in 1969 to 6% in 1972 among secondary school and college students.

The Commission further found that junior high school use of one or more of the opiates had increased during the same period by 118%; senior high school usage had increased by 58%; and college usage by 18%.

Clearly, little comfort can be derived from these figures.

State and local surveys

State and local surveys are just as alarming.

The Select Committee on Crime, reported to the House of Representatives on June 29, 1973, that:

> 45% of New York City high school students, and 20% of its junior high school students are current drug users;
>
> Marihuana usage in Pennsylvania secondary schools ranged from 9% in grade 7 to 28% in grade 12. Comparable figures for LSD usage in Pennsylvania schools were 8% in grade 7 and 13% in grade 12. Overall secondary usage of heroin was reported to be 8%.
>
> Brookline, Massachusetts, found that 46% of its high school students had used marihuana; 12% had used amphetamines; 8% had used LSD; and 2% had used heroin.

Other surveys reported from Cincinnati, Ohio, Houston, Texas, Dade County, Florida, Las Vegas, Nevada, San Mateo County, California, Suffolk County, New York, and New Jersey, revealed that drug use and abuse is a problem that respects no boundaries of race, class or income level.

Out-of-school use

As the National Commission on Marihuana and Drug Abuse reported non-student use of drugs is also clearly a matter of national concern.

Said the Commission's report in March of this year:

> The most widely used mood-altering drug in America is alcohol. Retail sales of alcohol . . . in 1971 amounted to $24.2 billion and sales have increased nearly $7 billion in the five-year period from 1966 to 1971. Put another way, Americans consumed almost four and one-half billion gallons of beer, wine, and distilled spirits in 1971, a record high for American alcohol consumption.

And the report continued:

> In 1970, barbiturates and barbiturate substitutes accounted for 28.6% of the 214 million prescriptions issued for psychoactive drugs. Anti-anxiety agents, the so-called "minor" tranquilizers, accounted for almost 39%. Prescriptions for stimulants (13.2%), anti-psychotics (10.2%), and anti-depressants

> (9%) made up the rest of the total, which represented altogether an estimated $972 million in retail sales. . . .
>
> At the same time, Americans were also obtaining large quantities of over-the-counter (non-prescription) mood-altering agents. In 1970, proprietary sales totalled $28,320,000 worth of sleeping agents, $4,401,000 worth of tranquilizing agents. . . .

There is then clearly cause for continued national concern about the use and abuse of drugs in America, and there is clearly, also, in the Committee's opinion, a continued national need for a program to better educate the citizenry about the uses, and potential abuses, of a wide variety of drugs.

SUPPORT FOR LEGISLATION

The Committee received extensive testimony from concerned citizens, youth services representatives, drug abuse prevention personnel, teachers and school administrators, state and local officials, as well as the Administration on the wisdom of continuing the Drug Abuse Education Act of 1970.

With the exception of Administration officials, the witnesses unanimously urged the Committee to extend the Act.

Diana Imus, Executive Director of the Drug Abuse Council of Everett, Inc., Everett, Washington, said:

> The monies provided through Office of Education grants have multiplied its effects into places far removed from the classroom. The effects of the Office of Education funds have been to develop a total community response to drug abuse that will remain after the sense of a drug crisis has passed.

Gayle Krughoff and Frank Lemons, Associate Directors of the National Coordinating Council on Drug Education, Inc., concurred with these views and said:

> The role of the Federal Government, therefore, must be to assist those private institutions (schools, churches) wherever possible, in assuming a most effective education and prevention role. As best we can determine, the most logical place to direct effort is the U.S. Office of Education's Office of Drug Education. . . .
>
> We heartily endorse, therefore, the extension of the programs and provisions of the Drug Abuse Education Act of 1970.

Kenneth M. Rozelsky, Principal of the Coatesville Area Senior High School, Coatesville, Pennsylvania, told the Committee:

> As I am sure you are aware and can see from my testimony, drug use and abuse is a very serious problem and there is no easy way out of this dilemma. We feel that it is absolutely necessary that P.L. 91-257 be continued and additional funds be allotted. I personally feel that new programs, additional research and continual dialogue are the major ways in which we are going to overcome this problem. There is no easy way out, but we must continue to work for answers.

Finally, the Honorable Patricia Crawford, a Member of the Pennsylvania House of Representatives, told the Committee:

> We believe that programs based upon these seven principles have an increased probability of successfully preventing a young person from becoming a drug abuser. However, in order to continue in the development of these programs, it is necessary to have resources made available by the Federal government. While we recognize how important it is to provide funds for treatment, we submit that the Federal government, like the Commonwealth of Pennsylvania, must require that some funds be allocated to the development and implementation of preventive education programs.

Concluded Representative Crawford:

> The Drug Abuse Education Act of 1970 will shortly expire. Hopefully, this Committee will support the preparation of a new Federal Drug Education Act.

Presidential statements of support

The Committee is pleased to note that these statements of support echo the many calls for effective educational programs about the dangers of drug abuse made by President Nixon.

For example, the President said on July 14, 1969:

> The American people need to know what dangers and what risks are inherent in the use of the various kinds of drugs readily available in illegal markets today. Therefore, I have directed the Secretary of Health, Education, and Welfare, assisted by the Attorney General through the Bureau of Narcotics and Dangerous Drugs, to gather all authoritative information on the subject and to compile a balanced and objective educational program to bring the facts to every American—especially our young people.

And the President returned to his theme in December, 1969, when he hosted the Governors' Conference on Narcotics and Drugs and said that drug abuse had become "a national problem requiring a nationwide campaign of education . . ."

On March 11, 1970, prior to the enactment of the Drug Abuse Education Act, the President, releasing $3.5 million under authority of the Education Professions Development Act, for teacher training about drug abuse, said:

> There is no priority higher in this administration than to see that children—and the public—learn the facts about drugs in the right way and for the right purpose through education.

Finally, the President told the participants at the White House Conference on Treatment Alternatives to Street Crime, on September 10 of this year, that the United States had not yet solved the problem of drug addiction, but added "we have turned the corner."

And, he added, that we should continue a four-way approach to the problem of drug abuse—by cutting off sources of supply, strengthening law enforcement, providing better treatment programs, and, concluded President Nixon, "we intend to continue in our program of education."

The Committee is pleased to have these past and current endorsements of drug abuse education programs on the part of the President.

Administration Testimony

The Committee regrets to note that of all the witnesses who gave testimony, only the Administration witnesses opposed extending the Drug Abuse Education Act.

Testifying on behalf of the Administration on June 4, 1973, Dr. Peter Bourne, Associate Director of the Special Action Office for Drug Abuse Prevention (SOADAP), told the Committee that Sections 409 and 410 of P.L. 92-255, the Drug Abuse Office and Treatment Act of 1972, contain sufficient flexibility under which the Director of SAODAP and the Secretary of Health, Education, and Welfare can conduct drug abuse education prevention programs, including drug abuse education.

On July 26, 1973, Dr. John Ottina, United States Commissioner of Education, reiterated this position on behalf of the Administration.

The Committee does not for several reasons share this view.

The Administration's position with respect to extending the Act echoes the testimony presented by Administration witnesses in opposition to enactment of the Drug Abuse Education Act in 1970.

At that time, the Committee was told that the National Institutes of Mental Health had sufficient authority to conduct drug abuse education programs, and that NIMH was, indeed, engaged in such programs. Questioning, however, revealed that only $900,000 was being spent by NIMH on drug abuse education, and that that amount was being used primarily for the production of a film strip and pamphlets about drug abuse.

The Committee paid the closest attention to the administration's statement that Sections 409 and 410 of P.L. 92-255 provided sufficient authority for drug abuse educational activities. However, the responses to questions during the hearings did not assure the Committee that such was the case.

Section 409

Section 409 provides formula grants to states for drug abuse *prevention* programs, and Dr. Bourne's testimony indicated that states have been "encouraged to provide for drug abuse education activities under their state plans."

The Committee thinks it significant, however, that a large handbook prepared for the states by SAODAP HANDBOOK: Single State Agency for Drug Abuse Prevention *allots only one paragraph to drug education.*

Further, the Committee was advised by Dr. Bourne that only $30 million had been requested by the Administration for the implementation of Section 409, and that the appropriation would be directed not only toward education but also toward treatment and rehabilitation as part of a comprehensive drug abuse prevention program. While the Committee supports and applauds such programs, such meager funding does not augur well for the emphasis on drug abuse education which the Congress and the President have agreed is necessary.

The Committee was also advised that only one-half of the $30 million would actually be expended on prevention programs, since $15 million is required to assist the states in developing state plans.

The Committee, therefore, rejects the contention that $15 million earmarked for drug abuse rehabilitation, treatment, and education, can effectively or realistically replace the $12.4 million appropriated in Fiscal 1973 for the office of Drug Abuse Education.

SECTION 410

Section 410 of P.L. 92–255 provides in part special grant and contract authority for the Secretary of HEW to provide training seminars, educational programs, and technical assistance for prevention, treatment, and rehabilitation programs for employees in the private and public sectors.

Initially, the Committee expressed its concern that the provisions, while desirable, lack the focus on drug abuse education which this high priority program requires.

Under Section 410, the Secretary has requested $3 million for the Office of Drug Education to conduct pre- and in-service training programs for teachers.

In addition, the Secretary has requested for the National Institute of Mental Health, $2.7 million for community-based drug abuse education and prevention activities.

The Committee notes, first, that the $2.7 million requested for NIMH is not "new money," as the Administration witnesses before the Committee implied, since NIMH spent, in Fiscal 1973, $1.6 billion on drug education programs.

The Committee further wishes to point out that NIMH is primarily concerned with the graduate training of scientists, researchers, and doctors and allied health professionals.

Indeed, Dr. Bertram Brown, Director of the National Institute of Mental Health, advised the Special Studies Subcommittee, of the Government Operations Committee, that the training activities carried out by NIMH would be directed toward graduate training.

Karst Besteman, Deputy Director of the Division of Narcotics at NIMH, further advised the Special Studies Subcommittee that NIMH lacked the necessary contacts to conduct school-based programs.

Said Mr. Besteman, referring to Dr. Helen Nowlis, the Director of the Office of Education's Office of Drug Abuse Education:

> We have no Helen Nowlis on our staff. . . . We need to find a Helen Nowlis or someone with that special contact to the state educational systems . . . to augment our present staff.

NIMH, therefore, by its own admission, does not have the experience with either the school-based, or community-based, leaders which will be necessary for the effective implementation of drug abuse education activities.

The Committee, in sum, concludes that the $15 million requested under Section 409 for a wide variety of drug abuse prevention programs cannot replace the $12.4 million available to the Office of Drug Abuse Education activities. And the Committee concludes, as well, that the $5.7 million requested for the Office of Drug Abuse Education and NIMH is a step backward when compared with the activities carried out by these two agencies during Fiscal 1973.

Other administration testimony

The Committee wishes to express its concern over contradictory statements with reference to drug abuse education which have been presented to Congress by the Administration.

The budget rationale for cutting back the Drug Abuse education activities notes:

> Although the problems addressed by these programs are still very much present, it is believed that the Federal support provided to date has focused sufficient attention on these problems and has provided models for dealing with them so that the Federal effort can now be diminished and increased reliance placed upon state and local agencies for continued work in these areas.

When advised of that statement, however, Dr. Helen Nowlis, Director of the Office of Drug Abuse Education, told the Committee: "I know of no models that I will stand behind at this point." The Committee, distressed at the conflicting nature of these statements, attempted during the hearings to determine whether or not here had, indeed, been any attempt to evaluate the effectiveness of the programs funded under the Drug Abuse Education Act.

The responses, by both Dr. Peter Bourne, Associate Director of the Special Action Office for Drug Abuse Prevention, as well as by Dr. John Ottina, U.S. Commissioner of Education, indicated that an evaluation of drug abuse programs and projects had not, in fact, been completed.

The Committee, therefore, finds no justification for the assertion contained in the budget rationale that adequate educational models for dealing with drug abuse have been developed. Indeed, the testimony indicated an even greater need for such models in the near future.

SPECIAL CONCERNS

Alcohol

Considerable discussion was evidenced during the hearings conducted on extending the Drug Abuse Education Act, as well as during the subcommittee and Committee markups of the bill, on the advisability of specifically including the words "and alcohol" everywhere the term "drug abuse" appeared in the bill.

The proponents of including such language argued that alcohol abuse is, increasingly, becoming the substance most abused in the American culture, and that such language would explicitly indicate that alcohol abuse is an area of concern within drug abuse education programs.

The Committee, however, for a number of reasons declined to accept this language.

First, the Committee felt that alcohol abuse is clearly included in the term "drug abuse." Certainly, Dr. Helen Nowlis, Director of the Office of Drug Abuse Education, understood the intent of Congress with respect to including alcohol among abused substances, when she responded during the hearings to a question about alcohol as a drug:

> Certainly, I define drugs broadly so as to include what almost anyone else would, including prescription drugs, over-the-counter drugs, illegal drugs, substances that we prefer to call beverages or cigarettes, food additives, industrial chemicals, even pollutants.

And, she continued, a drug is:

> Anything that interacts with and affects the structure or function of the living organism.

The committee agrees with Dr. Nowlis' definition of the use of drugs, and wishes to stress, at this time, its belief that alcohol abuse should be an integral part of drug education programs.

But the Committee felt not only that the addition of the term "alcohol abuse" would be redundant, but also that the specification of alcohol would require the specification of other substances such as nicotine.

The Committee prefers, therefore, to retain the current widely accepted term "drug abuse" and wishes to stress that the intent of the legislation is that drug abuse education encompasses a wide variety of substances, including those, such as alcohol and nicotine, which are widely used, and abused, in our society.

Indeed, the Committee notes the conclusion of the National Commission on Marihuana and Drug Abuse that, "The most widely used, mood altering drug in America is alcohol" and trusts that the Office of Education in further developing its drug abuse education programs will allocate sufficient resources to this area which has so rapidly become a matter of major public concern.

Minigrants

The evidence produced before the Committee during its oversight hearings, as well as the hearings conducted on the extension of the Drug Abuse Education Act, indicated that the major thrust of the Office of Education's programs in drug abuse has been toward support of the so-called "Mini-Grant Program."

The Mini-Grant Program provides small grants of between $2,000 and $4,000 so that community teams of between 6 and 8 people, including one teacher and one student, may travel to regional training centers for training in drug abuse education.

Over $5 million of the $12.4 million appropriated for Fiscal 1972 were spent in support of the Mini-Grant Program in that year. The total figure cited includes the funds for supporting 820 Mini-Grant teams, as well as the funds required to operate the 8 centers providing the training for the teams.

The Committee wishes to note several concerns with this approach.

First, the teams do not appear to have sufficient representation from the educational community, and, indeed, are made up primarily of local community leaders. The Committee does not by means of this comment, wish to imply that local community representatives cannot make valuable contributions to the fight against drug abuse—clearly the inclusion of Section 4, which provides for community-based programs on drug abuse recognized the importance of community efforts. The Committee is, however, concerned that the community-based provisions of the Act are being stressed at the expense of the major purposes of the program, namely, school-based efforts.

Second, the Committee wishes to express its concern that the Mini-Grant Program does not provide funds to initiate and conduct programs in local schools and communities.

Finally, the Committee notes that almost 50% of Federal funds available under this Act are spent for the Mini-Grant Program. These grants are of such limited amounts as to produce little visible results.

Finally, the Committee wishes to express its distress that the mini-grant concept does not encompass the provision of funds to the mini-grant teams to initiate and conduct programs upon their return to their local schools and communities.

Information versus education

Recent studies and statements by experts on the problems of drug abuse have indicated that merely providing information on the hazards of drugs may result in more damage than assistance in that the curiosity of the listener might be aroused.

Indeed, Dr. Peter Bourne of SAODAP, appeared to indicate during his testimony before the Committee, that part of the Administration's opposition to the extension of the Drug Abuse Education Act resulted from the conviction that purely informational programs might lead to greater drug use and abuse.

The Committee, however, notes the testimony of Dr. John Ottina, to the effect that the Office of Drug Abuse Education has attempted to fund programs of an *educational*, and not merely an *informational*, nature.

Said Dr. Ottina:

> The Office of Education has not supported the purely informational programs that are now in question. Simply stated we do not equate education with information, nor learning with teaching.

The Committee applauds this interpretation on the part of the Commissioner of Education, and wishes to stress that his statement is completely in accordnace with the intent of the original sponsors of the Drug Abuse Education Act. Indeed, the Committee points out that the Act was originally developed as a result of the realization, on the part of several Members of Congress, of the inadequacy of the informational approach being pursued at the National Institutes of Mental Health.

But, since the question of the value of informational approaches to drug abuse has been raised with respect to the Drug Abuse Education Act, and since adequate and timely evaluations of the programs funded under this Act are not available, the Committee has accepted an amendment allotting up to $500,000 for an evaluation of the effectiveness of the programs funded under the Act.

Indeed, it is the Committee's expectation that the evaluation conducted as a result of this amendment, will mean that the contradictory statements made on behalf of the Administration, with respect to the development of models, as well as the confusion over informational, as opposed to educational, programs will cease.

Program implementation

The Committee expresses its grave concern that the funds expended by the Office of Drug Abuse Education have not, apparently, been sufficiently directed toward the two major problems cited by the Congress in approving the Drug Abuse Education Act in 1970, namely, the development of scientifically valid curricula and the training of teachers.

In this regard, the Committee notes that it has had great difficulty, in oversight hearings conducted in Washington, D.C., on July 20 and 21, as well as on July 26, 1973, determining the amount of money directed toward curriculum development or teacher training.

Data were finally provided for the hearing record following the July, 1973, hearing, and they indicate that of the $30.8 million appropriated over the three years of the Act, only $2,834,179—or 8% of the total—had been directed toward curriculum development, evaluation, and dissemination.

It is difficult, from the data provided, to ascertain with certainty the amount expended on teacher training, since the figures provided for teacher training include $3.5 million used for in-service training prior to the enactment of the Act. But, apparently, only $1,733,931 of the $30.8 million appropriated over three years—or just 6% of the total—has been targeted on teacher training.

The Committee recognizes, of course, that other funds expended on training centers, mini-grant teams, as well as State Departments of Education, do trickle down into teacher training and curriculum development. But the Committee must express its grave reservations about the manner in which the Office of Education has been expending these funds as well as about the inability to accurately specify the purposes for which the funds are used.

Action of the 93rd Congress

Hearings began on H.R. 4715, 4976 and related bills on May 21, 1973, and continued on May 30, June 4, June 26 in Washington, D.C. Additional hearings were held in Miami, Florida on June 11 and in Millersville, Pennsylvania on June 23.

The witnesses from the public sector were unanimous and enthusiastic in their support of legislation to extend the Drug Abuse Education Act.

On July 17, the Select Subcommittee on Education reported a clean bill, H.R. 9456 by a voice vote. The full Education and Labor Committee, thereafter, on September 11 ordered H.R. 9456 as amended reported by a voice vote.

COST

In accordance with Rule 13, the Committee estimates the cost of H.R. 9456, over three years, to be as follows:

[In millions]

	Fiscal year—		
	1974	1975	1976
Sec. 3—Drug abuse education projects	$14	$16	$18
Sec. 4—Community education projects	12	14	16
Total	26	30	34

SECTION-BY-SECTION ANALYSIS

Section 2

This section amends section 3 of the present Drug Abuse Education Act which provides grant authority to the Secretary of Health, Education, and Welfare to make grants and contracts with institutions of higher education, state and local education agencies and other private or nonprofit agencies, organizations or institutions, to support research, demonstration, and pilot projects for curriculum development and evaluation, training programs for educational personnel, law enforcement officers and community leaders, as well as community education programs on drug abuse.

The present Act (Sec. 3(e)) authorized to be appropriated $5,000,000 for FY 1971; $10,000,000 for FY 1972 and $14,000,000 for FY 1973.

H.R. 9456 authorizes to be appropriated for the purpose of funding section 3, Drug Abuse Education Projects, $14,000,000 for FY 1974; $16,000,000 for FY 1975 and $18,000,000 for FY 1976.

The bill also provides that of the funds appropriated for this section, the first $6,000,000 may be used by the Secretary of Health, Education, and Welfare for carrying out the purposes of section 3.

Section 3(c) of the Act also provided that 5% of the sums appropriated to carry out this section could be made available for reasonable and necessary expenses for state and educational agencies in assisting local educational agencies in the planning, development, and implementation of drug abuse education programs.

H.R. 9456 also provides that each state shall then receive $100,000. In addition, it provides that after the Secretary of Health, Education, and Welfare has made $6 million available for community projects, the next $2.4 million shall be allotted to the state education agencies according to the population of each state.

In addition, the bill also provides that not more than $500,000 shall be used by the Secretary for an independent analysis and evaluation of the effectiveness of drug abuse education programs.

Section 3

Section 3 would amend section 4 of the present Act which provides grant authority for community education projects such as seminars, workshops, conferences, telephone counseling, and information services.

The Act authorized to be appropriated $5,000,000 for FY 1971; $10,000,000 for FY 1972, and $14,000,000 for FY 1973.

H.R. 9456 authorizes to be appropriated $12,000,000 for FY 1974; $14,000,000 for FY 1975, and $16,000,000 for FY 1976.

In addition, the bill provides that no funds appropriated for any fiscal year to carry out section 4, Community Projects, may be expended until the amount appropriated for that year to carry out section 3 exceeds $11.6 million. In other words, the Secretary of Health, Education, and Welfare must first receive $6,000,000 to carry out drug abuse education projects under section 3 and each state must receive $100,000 each (or $5.6 million total for all states) before any community projects under section 4 may be funded.

Changes in Existing Law Made by the Bill, as Reported

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

Drug Abuse Education Act of 1970

* * * * * * *

DRUG ABUSE EDUCATION PROJECTS

Sec. 3. (a) * * *.

* * * * * * *

(c) In addition to the purposes described in subsection (b) of this section, funds in an amount not to exceed, *whichever is greater*, 5 per centum of the sums appropriated to carry out this section, *or the amount provided in subsection (e)*, may be made available for the payment of reasonable and necessary expenses of State educational agencies in assisting local educational agencies in the planning development, and implementation of drug abuse education programs.

* * * * * * *

[(e) There are hereby authorized to be appropriated $5,000,000 for the fiscal year beginning July 1, 1970, $10,000,000 for the fiscal year beginning July 1, 1971; and $14,000,000 for the fiscal year beginning July 1, 1972, for the purpose of carrying out this section. Sums appropriated pursuant to this section shall remain available until expended.]

(e)(1) There is hereby authorized to be appropriated $14,000,000 for the fiscal year ending June 30, 1974, $16,000,000 for the fiscal year ending June 30, 1975, and $18,000,000 for the fiscal year ending June 30, 1976, for purposes of carrying out this section.

(2) Of the funds appropriated to carry out this section for a fiscal year, $6,000,000 may be used by the Secretary only for grants and contracts under subsection (a).

(3) From the funds appropriated to carry out this section for a fiscal year, $100,000 shall be made available by the Secretary to each State agency for paying its expenses under subsection (c), except that if the funds so appropriated are inadequate for such purpose, the amount made available to each such agency shall be reduced pro rata.

(4) Where the funds appropriated under section 4 exceed $6,000,000 for a fiscal year and where such funds are available for expenditure under the proviso of section 4, the Secretary, out of funds appropriated to carry out this section, may, in addition to payments authorized

by paragraph (2), make payments for expenses of State educational agencies under subsection (c) in an amount not aggregating more than $2,400,000, but the amount paid any State shall not exceed an amount which bears the same ratio to the total amount available under this paragraph for payments to all the States as the population of the State bears to the population of all the States.

(5) From the funds appropriated to carry out this section for a fiscal year, not more than $500,000 shall be used by the Secretary for an independent analysis and evaluation of the effectiveness of drug abuse and drug dependency education programs.

(6) Funds appropriated to carry out this section which remain after the application of the preceding paragraphs may be used to carry out this section without restriction.

COMMUNITY EDUCATION PROJECTS

SEC. 4. [There is authorized to be appropriated $5,000,000 for the fiscal year beginning July 1, 1970, $10,000,000 for the fiscal year beginning July 1, 1971, and $14,000,000 for the fiscal year beginning July 1, 1972, for grants or contracts to carry out the provisions of this section.] *There is authorized to be appropriated $12,000,000 for the fiscal year ending June 30, 1974, $14,000,000 for the fiscal year ending June 30, 1975, and $16,000,000 for the fiscal year ending June 30, 1976, for grants and contracts to carry out this section: Provided, That no funds appropriated for any fiscal year to carry out this section may be expended until the amount appropriated for that year to carry out section 3 exceeds $11,500,000.* From the sums available therefore for any fiscal year, the Secretary of Health, Education, and Welfare is authorized to make grants to, or enter into contracts with, public or private nonprofit agencies, organizations, and institutions for planning and carrying out community-oriented education programs on drug abuse and drug dependency for the benefit of interested and concerned parents, young persons, community leaders, and other individuals and groups within a community. Such programs may include, among others, seminars, workshops, conferences, telephone counseling and information services to provide advice, information, or assistance to individuals with respect to drug abuse or drug dependency problems, the operation of centers designed to serve as a locale which is available, with or without appointment or prior arrangement, to individuals seeking to discuss or obtain information, advice, or assistance with respect to drug abuse or drug dependency problems, arrangements involving the availability of so-called "peer group" leadership programs, and programs establisging and making available procedures and means of coordinating and exchanging ideas, information, and other data involving drug abuse and drug dependency problems. Such programs shall, to the extent feasible, (A) provide for the use of adequate personnel from similar social, cultural, age, ethnic, and racial backgrounds as these of the individuals served under any such program, (B) include a comprehensive and coordinated range of services, and (C) be integrated with, and involve the active participation of a wide range of public and nongovernmental agencies.

* * * * * * *

MINORITY VIEWS

We join with the Administration and the Department of Health, Education, and Welfare in opposing this bill. We do not think that anyone can seriously question the President's dedication to eradicating drug abuse in this country. The fact that HEW has requested no new funding for this program and opposes this bill does not indicate that the Administration has abandoned its strong commitment to drug abuse prevention. Rather it is indicative of the Administration's effort to consolidate the wide variety of Federal drug abuse prevention programs, including drug abuse education.

The Administration is attempting to consolidate the many programs scattered throughout the Federal bureaucracy and to eliminate overlapping and duplicative authorities that have, in the past, led to much confusion and wasted effort. To this end the President's budget would increase the funding for drug abuse prevention programs under the Special Action Office for Drug Abuse Prevention to $40 million, an increase of $15 million over fiscal 1973. This Special Action Office, as mandated by the Congress in P.L. 92–255, is our best alternative for achieving an effective, coordinated attack on drug abuse problems in our nation's cities and schools.

Certainly most people would agree that educational programs aimed at reducing drug abuse are worthy of pursuit. But the people should be assured that their tax dollars for these programs are bringing about the hoped-for results. In this light, we want to remind our colleagues that recent reports of the Commission on Marihuana and Drug Abuse, the Task Force of the National Education Association, the Engineers Strategic Study Group of the Army, to mention only a few, have damned drug abuse education as not only ineffective, but counterproductive as they often have the effect of actually increasing drug abuse.

A recent study by the University of California School of Medicine at Los Angeles contended that the drug abuse education programs may be doing more to encourage than to prevent the use of illegal drugs by students. The report of a Los Angeles high school survey noted that "following a drug education program more than one-third of the students thought the programs encouraged the use of illegal drugs." Meanwhile, it is said: "Five Los Angeles junior high school pupils went out and bought drugs after having been shown them in a drug education van because 'the drugs in the van looked so good we wanted to try them.'"

In addition, several witnesses appearing before the Select Subcommittee have stated that it is a waste of the taxpayers' money.

How can we justify authorizing $90 million over the next three years to be spent on this narrow categorical program of dubious value while rejecting out of hand the President's reasonable request for a coordinated drug abuse prevention program?

In our opinion, curtailing drug traffic should have the highest national priority. However, the drug abuse education programs funded under this Act have been a failure, and possibly have even aggravated the drug abuse problems in our schools. Therefore, we urge our colleagues to join us in opposing H.R. 9456 when it is brought to the Floor of the House.

Earl F. Landgrebe.
John M. Ashbrook.

ADDITIONAL VIEWS

DRUG ABUSE EDUCATION ACT

There is much confusion about whether alcohol is a "drug" in the sense most people use that term. There is no confusion about the fact that alcohol abuse is one of our Nation's most urgent national health problems. We should make certain that our educational programs on drug abuse also include information about the abuse of alcohol. We believe this Act should be amended to make that point clear.

Dr. Helen Knowlis, the Director of the Office of Education's Drug Education/Health and Nutrition Program, said at a conference in Chicago on September 7, 1973:

> Alcohol is a good example for understanding how a drug works because most people are familiar with it.

She added:

> Unfortunately, many Americans are reluctant to even think of alcohol as a drug.

Dr. Aaron T. Beck of the University of Pennsylvania's Medical School said in a copyrighted U.S. News and World Report interview on September 24, 1973:

> Alcoholism has become a major problem. Once a drink is advocated as a means of relaxation, it opens the door for two drinks and more. I think that the mental health profession has targeted alcoholism as really the No. 1 addictive problem—far greater than drugs.

Dr. Warren "Sam" Miller, Project Director of the Training Resources and Developmental Assistance Center in Minneapolis, Minnesota, writing in a recent U.S. Office and Education publication entitled "abuse" said:

> Abuse can be seen as a life style, in which abuse itself is a more significant factor than the thing abused. Some persons who may tend to look with scorn upon drug addiction and "dope fiends" overuse (and abuse) alcohol—America's No. 1 drug of abuse.

Statements like these are increasingly commonplace today as individuals from all walks of life and professions recognize to a greater degree the dangers of alcohol. It seems critically important that education be expanded on the dangers stemming from the abuse of the use of alcohol. And yet when we, during markup of this legislation, attempted to add the words "and alcohol" to the words "drug abuse", the amendment was narrowly defeated in the Committee. At a time when the National Institute of Alcohol Abuse and Alcoholism estimates that there are approximately nine million alcoholics in the United States or about 4.5% of the total adult population—far more than the users of any other drugs or probably the combination of all other drugs—we find it incredible that alcohol abuse should not be a major focus in this legislation.

The principal reason given for not including the words "and alcohol" was the contention that alcohol is already considered to be a drug and therefore, it would be redundant to so list it in the bill. While it is absolutely true that alcohol is a drug, in common conversation and public thinking, it often fits in a separate category.

It was further contended that there is ample evidence that alcohol abuse is included in drug abuse education programs throughout the country and, therefore, in addition to being redundant, this amendment would only put into law what is in fact already being done. The contention that alcohol isp art of drug education projects is not borne out by information received from the Department of Health, Education and Welfare which conducted a survey on this question at our request. HEW reported that there are a total of 111 Drug Education Programs projects (NDEP) (21 college based, 35 community and school based, and 55 state based). Of the 111 which were surveyed, 82 responded (13 college based, 28 community and school based, and 41 state based). The following is a summary made by the HEW Office of Legislation.

> Of the 82 NDEP projects which responded, 8 (or about 10 percent) specifically mentioned alcohol as a concern of the project. However, the NDEP program staff considers that by now these projects assume that alcohol is a drug and do not bother to separate it out. In support of that general statement, the program staff has included a "Special Analysis of Alcohol Abuse-Related Activities in NDEP Projects." The "Special Analysis" shows 8 projects which specifically mention alcohol (these are 8 different projects from the 8 mentioned in the survey). At the risk of statistical invalidity one could say that 16 of the total of 111 projects are specifically identifiable with concern about alcohol (or better than 10 percent).

These results *do not* indicate that the problem of alcohol and its abuses is being emphasized in schools throughout the country. The facts are that in some places the term "drug" is considered as including alcohol while in other places when they deal with the term they are clearly *not* dealing with alcohol. It is our intent that alcohol abuse is to be a high priority in this legislation.

On September 18, 1973, Brigadier General Leslie R. Forney, Jr., Chief of the Department of the Army's Alcohol and Drug Policy Division, testifying before the Subcommittee on Drug Abuse of the Senate Armed Services Committee, described three basic decisions that the Army has made on the subject of alcohol and drug abuse. The first was "that the program would be a command program, administered by the commanders who are responsible for it. This decision was based on the belief that the problem of alcohol and other drug abuse is far more than a medical problem." The second was that the Army "would have a decentralized program and would attempt to achieve drug abuse prevention and rehabilitation at a local level." And thirdly, that the "program would include alcohol with other drugs." General Forney added, "The last basic decision, which was to combine the alcohol and other drug programs into one consolidated program, has proved to be a very good one. Not only has it enhanced our credibility because we can talk about abuse of legal as well as abuse of illegal drugs, but recent surveys have shown that we are dealing with the same vulnerable group of individuals for the abuse of both alcohol and the other drugs."

The United States Army has recognized alcohol as a distinct problem and now as a matter of policy lists alcohol and drug abuse together in its terminology. The State of Arizona entitles its program funded under this Act "Alcohol and Drug Abuse Education." The State of Montana's drug abuse project works with the "Alcohol and Drug Abuse Bureau" of the State Department of Health and Environmental Science. In Nebraska one of the State's Drug Education projects works through the "Lincoln Council on Drug and Alcoholism." These examples are not the rule yet, but we think they should be! No State or program director should be in doubt about the authority to include alcohol abuse in any comprehensive program. Therefore, we will offer on the Floor an amendment to the bill to add the words "and alcohol" wherever the word "drug" is found throughout the bill.

We feel through this amendment we will be placing new focus and emphasis on the problems of alcohol abuse which is ruining the lives of so many of our citizens. We hope that through education programs such as those authorized by this legislation young Americans will become conscious not only about how hard drugs can ruin their lives, but how the abuse of alcohol can do the same.

John Dellenback.
Albert H. Quie.
Mario Biaggi.
Alphonzo Bell.
John N. Erlenborn.
William Lehman.
Marvin L. Esch.
Edwin D. Eshleman.
Edwin B. Forsythe.
David Towell.

SUPPLEMENTAL VIEWS

As just discussed in the Additional Views the problem of alcohol as an abused drug has not been given the attention in this legislation that we believe it needs and are hopeful that the amendment to add the words "and alcohol" after "drug" wherever it appears in the bill will be adopted by the House. The addition of the words "and alcohol" will in our opinion do much to bring focus and direction to programs but we believe that the fundamental method of distributing program dollars must also be changed in order to produce the maximum program impact within each state. It is our feeling that drug and alcohol abuse curriculums should be developed, tested, disseminated and evaluated within the context of each state's problems and needs. In addition, since there are limited dollars available under this program, rather than use a shotgun approach, as is the existing practice, that each state build upon the knowledge that has been accumulated nationally through this program over the last three years and use it to build its own programs. As all of our colleagues know, problems of drug and alcohol abuse vary greatly from city to city, urban, suburban and rural areas, from state to state, and even region to region. In one place the problem might be hard narcotics whereas in another it might only be marijuana or pills abuse. Still in other areas the problem might be predominantly with alcohol, with other drugs not even being used. And of course, in some areas a combination of all three might prevail.

But whatever the specific problem it is clear to us that abuses do exist and, therefore, the amendment which will be offered in addition to including the words "and alcohol" will give $100,000 to each state. Of the remaining dollars 85% will be distributed to the states on the basis of population. The remaining 15% can be used by the Secretary of HEW to fund any programs authorized under the Act which he feels have special merit. By distributing money in this way we are not changing the intent or direction of the Act. All of the activities that are authorized in the Committee bill are authorized in this amendment. The difference is that the states who are closer to the problems, who know the people, will carry out the responsibilities that the Secretary of HEW now has. In this way we believe we will not only eliminate several layers of bureaucracy but will put the states in a position of developing programs and curriculums which are unique to their own needs. Also we believe the programs will not only have more meaning but will continue after Federal funding is terminated.

Albert H. Quie.
Marvin L. Esch.
Edwin D. Eshleman.
Edwin B. Forsythe.

ADDITIONAL SUPPLEMENTAL VIEWS

At the appropriate time during the consideration of this bill an amendment will be offered to REDUCE the authorization levels to $15 million for fiscal year 1974 and such sums as may be necessary for fiscal years 1975 and 1976.

I must state emphatically that I am totally in support of the concept and intent of the bill and firmly believe that anything that can be done to eliminate abuses of drugs and alcohol throughout the country should be done. I am however, realistic enough to recognize that this bill with an authorization of $90 million will encounter great difficulty when it reaches the Floor. The actual appropriated dollars available for this program in FY '74 will be $12.6 million. An authorization of $15 million sets a level which has a chance of being reached through the appropriation process. The $26 million, $30 million and $34 million for a total of $90 million that the Committee bill authorizes is unrealistic and offers just another empty promise to the American people. I believe that a $2.4 million increase over the existing appropriation level is a justifiable expenditure within the tight money constraints we find ourselves today.

Edwin D. Eshleman.

Senator **Hughes**. Both bills would authorize a total of $90 million over the next 3 years for drug abuse education; S. 2848 would amend the act of 1970 in the interest of greater flexibility. It responds to some recent research on effective drug education programs. We will have testimony on this kind of program and the philosophy behind it.

Working with these bills and with the recommendations of the witnesses we will be hearing during these two days, our subcommittee will do its best to seek prompt agreement on a measure that will extend the Drug Abuse Education Act, increase funds, and make certain changes inthe direction of flexibility and improved management.

I am convinced that the Congress and the American people want every child to have appropriate education on the use and abuse of alcohol and other drugs. I am equally convinced that to achieve this goal we must have a visible and firmly established program within the Federal Government's education agency, the U.S. Office of Education.

I would like to apologize for being 15 minutes late this morning. I had to make an appearance at the Armed Services Committee, where the Under Secretary was appearing this morning to answer questions along these same lines.

My apologies to you, Mr. Carlucci, and the members of your staff, and good morning.

Senator Randolph?

Senator **Randolph**. Thank you very much, Mr. Chairman. Your statement is, of course, one that follows naturally your feeling about the need for a continuing process of education, as you have often expressed, in matters of drug abuse. I join you in the belief that programs of education must be continued.

I am sure that you and other members of the subcommittee and the Senate will want to consider very carefully the best means by which these educational processes and programs can be advanced, and that would be my attitude also.

I would like the privilege, as a member of your subcommittee, Mr. Chairman, to be included as a sponsor—as a cosponsor of Senate bill 2848.

Senator **Hughes**. Yes, sir. We will be glad to include you as a cosponsor.

Senator **Randolph**. Thank you. That is all I would wish to say this morning. I will be interested in the testimony of the witness, who brings expertise and also understanding to this problem.

Senator **Hughes**. Senator Javits, have you a statement?

STATEMENT OF SENATOR JACOB K. JAVITS, A U.S. SENATOR FROM THE STATE OF NEW YORK

Senator **Javits**. Mr. Chairman, I am most gratified by these early hearings on our Alcohol and Drug Abuse Education Act of 1974—S. 2848.

This bill is designed to implement an innovative program for coping with the changing patterns of drug abuse in America. These patterns have developed into an alarming poly-drug use, with some young people taking drugs in combination—amphetamines, barbiturates, tranquilizers and others, frequently mixed with alcohol.

This new pattern of poly-drug abuse requires the present practice of expanding drug prevention program resources in the single area of heroin addiction to be replaced by a broader, more flexible approach. I believe this bill is an important step forward in that direction.

The Alcohol and Drug Abuse Education Act provides an authorization of $90 million over a 3-year period for project grants and contracts with institutions of higher education, State and local education agencies, and public and private entities to support and evaluate demonstration projects, to train educational and community personnel that have an important influence on the behavior of young people, and to provide technical assistance in program development.

Also, funds are authorized for activities such as:

Comprehensive demonstration programs in school communities which focus on the causes of drug and alcohol abuse rather than the symptoms; which reflect the special needs of local communities by involving school personnel, students, community representatives and parents on both planning and development;

Creative primary prevention and early intervention programs in schools untilizing a school team approach so educational personnel together with students can be better prepared to respond to alcohol and drug abuse problems by developing in them skills in planning comprehensive school drug abuse programs;

Grants to State educational departments for the support of specific projects for inservice training of educational personnel, technical assistance to local school districts, creative leadership in programing for indigenous minorities and training of peer counselors;

Evaluations of the effectiveness of such programs;

Preservice and inservice training programs on alcohol and drug abuse prevention for teachers, counselors and other educational personnel, law enforcement officials and other public service and community leaders;

Training of educational personnel in the selection and use of support materials in drug and alcohol abuse prevention;

Community education programs on drug and alcohol abuse especially for parents and others in the community;

Programs or projects to recruit, train, organize and employ professionals and other persons including former drug and alcohol abusers to organize and participate in programs of public education in drug and alcohol abuse; and

Projects for the dissemination of valid and effective school-community drug and alcohol abuse education programs.

Mr. Chairman, criticism has been directed at previous drug education efforts because those programs focused on providing massive amounts of information to the target audiences. I believe such criticism—the mere feeding of information approach—is well founded. Information alone simply does not constitute education.

Drug education should be a process in which drug information is a vital nutritive ingredient for the mutual growth of teacher and student alike, to assure the involvement of the student in intellectual, cultural, and social alternatives to drug use.

Accordingly, in lieu of the $100,000 grants to each State education department and the funding priority provisions of the House passed measure our bill provides the above described single grant authority for educational entities and community programs with authority to make grants to State education departments to support the stated specific proposals and programs.

Support for the bill and its project grant approach to achieve the desired goals—in lieu of the cited formula grant approach—is seen by the mail I have received on the subject. I ask unanimous consent that a list of the comments and the full text of the letters received be printed in the hearing record.

Such programs can be successful and this has been demonstrated by several school team approaches now being utilized around the country.

The success of the city of New York's Board of Education program entitled School Prevention of Addiction Through Rehabilitation and Knowledge (SPARK) program in New York City is in large part due to its meaningful use of students themselves as teachers in the overall educational process.

The problems of alcohol and drug abuse are at epidemic levels in America and we are in dire need of effective, new programs. I believe New York City's SPARK program is a model upon which we should pattern our national educational commitment.

The legislation I have introduced, S. 2848, is intended to allow us to begin down this road and I am most interested in learning how my views—set forth in S. 2848—respond to the drug abuse prevention needs as expressed by the witnesses.

[List of comments referred to above follows on p. 47. Letters received from constituents referred to above begin on p. 256.]

SUMMARY OF COMMENTS ON S.2848

"I have read your Senate Bill #S.2848. This bill on alcohol and drug abuse education *** is needed in the public school of the United States"

Fayetteville Elementary Schools
Fayetteville, New York

"Your bill, Alcoholism and Drug Abuse Education Act (S.2848), is certainly a step in the right direction."

Commack Public Schools
Commack, New York

"I am writing to you to very strongly support your proposed bill, 'Alcoholism and Drug Abuse Education Act of 1974' (S.2848)."

Community School District 28
Queens, New York

"We believe, then, that the original Drug Abuse Education Act of 1970, and especially your act (S.2848), 'Alcoholism and Drug Abuse Education Act' are needed to provide the necessary seed money to initiate programs where they do not exist or to assist in the expansion of successful existing programs."

Arlington Central School District
Poughkeepsie, New York

"Please pass Senate Bill 2848"

Highland Park
Michigan

"As an educator and parent, I support the 'Alcoholism and Drug Abuse Education Act' (S.2848)."

Ft. Stanwix School
Rome, New York

"I read your bill entitled 'Alcoholism and Drug Abuse Education Act (S.2848.' I feel if this legislation is passed, it would be of immeasurable help in a school situation"

Central High School District
Franklin Square, New York

"It is indeed encouraging to see that your proposed legislation calls for a commitment of federal funds to deal with this grave social issue. Those of us who are currently engaged in programs dealing with drug and alcohol abuse certainly need the help."

Gloversville Enlarged School District
Gloversville, New York

"Your continued efforts on behalf of this cause is well founded for the good of our youth. It must be remembered that drug abuse is a symptom and must be considered as such."

Brentwood Public Schools
Brentwood, New York

"Were your bill to be enacted, the possibilities of finding better means in schools and communities of preventing such abuse would certainly be enhanced."

Syosset Public Schools
Syosset, New York

"We commend you for introducing the 'Alcohol and Drug Abuse Education Act' (S.2848)."

American School Health Association
Kent, Ohio

"I heartily support Senate Bill #2848 which extends the Education Act until 1978."

Drug Commission
Bloomington, Indiana

Senator HUGHES. Thank you. Mr. Carlucci, as you know, I have not had an opportunity to go over your testimony, so I will have to ask you to summarize it or to use whatever techniques you think will give us the complete information that we need in order to ask questions of members of your staff.

STATEMENT OF FRANK C. CARLUCCI, UNDER SECRETARY, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. ROBERT DuPONT, DIRECTOR, SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION, AND NATIONAL INSTITUTE ON DRUG ABUSE; CHARLES M. COOKE, JR., DEPUTY ASSISTANT SECRETARY FOR LEGISLATION (EDUCATION); DR. MORRIS E. CHAFETZ, DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM; DR. HELEN H. NOWLIS, DIRECTOR, DRUG EDUCATION PROGRAM, OFFICE OF EDUCATION

Mr. CARLUCCI. Thank you, Mr. Chairman. Let me apologize that my testimony was not submitted in advance; I had many problems to work out, and was out of town last night. I think it would perhaps be best if I did go over the entire testimony.

Let me first introduce my colleagues at the table. To my immediate right is Dr. Robert DuPont, who is Director of the National Institute on Drug Abuse; to his right is Dr. Morris Chafetz, who is Director of the National Institute on Alcohol Abuse and Alcoholism. To my far left is Charles Cooke, Deputy Assistant Secretary for Legislation, and to my immediate left, Dr. Helen Nowlis, Director, Office of Drug Education and Health and Nutrition, of the Office of Education.

Mr. Chairman and members of the subcommittee, I appreciate the opportunity to be here this morning to discuss the activities of the Department of Health, Education, and Welfare, and the Special Action Office for Drug Abuse Prevention in the area of alcohol and drug abuse education and the various legislative proposals before this subcommittee which relate to these activities: H.R. 9456, S. 1845, and S. 2848.

As a basis for an informed discussion of the bills before this committee, I would like to describe the drug and alcohol abuse prevention and treatment activities of the Federal Government.

This administration has done more than any before it to provide for treatment of drug abuse and for the prevention of drug abuse in this country. Total spending for treatment and prevention activities in the drug field has increased elevenfold from 1969 to a total spending level of $460 million proposed for fiscal year 1975 in the President's budget now before the Congress.

These outlays are in addition to law enforcement activities, for which spending is proposed at $293 million for fiscal year 1975.

These activities have included the development and dissemination of new techniques in the educational field to prevent drug and alcohol abuse. With regard to the educational efforts which are the subject of the bills now before this committee, the administration believes they can best be handled at the local level by those who are closest to the problem and who are primarily responsible for designing, operating, and financing elementary and secondary programs. We believe that the Federal Government can, and should, play a vital role in assisting State and local education agencies by gathering the best ideas, developing, and demonstrating the best techniques, and making these techniques known so that they may be provided under the sponsorship of State and local education programs.

At this point, I would like to discuss briefly the philosophical framework within which Federal drug and alcohol abuse activities are being conducted.

Over the past few years, there has been substantial support for various types of drug abuse information programs, in the belief that knowledge of the adverse consequences of drug abuse would be effective in discouraging drug abuse. To date, the lack of evidence to demonstrate that this information approach is effective has been discouraging. For example, the National Coordinating Council for Drug Education reviewed 212 drug abuse information films, film strips, and slides for their scientific accuracy and their propriety for drug abuse education programs during 1971–73. Only 15 of these films were found to be adequate for use in drug abuse education programs. Similarly, there has been little to indicate that public and mass media efforts, as currently structured, have had substantial impact. In addition, there are a few studies suggesting that some drug education programs based on the dissemination of information about drugs and drug abuse may actually stimulate interest in drugs.

Simply stated, we do not equate education with information or learning with teaching. In administering the Drug Abuse Education Act, for instance, the Office of Education has not supported the purely informational programs that are now in question. Rather, it has designed a research and demonstration program consistent with the best knowledge available about learning, about motivation, about growth and development, about effective teaching, and about communication and persuasion. Prevention, in any real sense, can be accomplished only by defining drug abuse as complex human behavior.

Proceeding from the assumption that alcohol and drug use and abuse are viewed as complex human behavior, three important, widely accepted assumptions about all human behavior must form the basis of strategies designed to predict or modify any behavior. No behavior persists which does not serve some function, real or imagined; all behavior is determined by a combination and interaction of physiological, psychological, social, and cultural forces; and both the functions which behavior serves and the pattern of forces that shape or sustain that behavior vary from individual to individual and from group to group.

These three factors, among others, dictate that there cannot be any single approach to drug abuse and drug use. Different individuals use different substances, in different patterns, for different reasons, under different circumstances.

Depending on community and culture, the primary intervention agent may be the family, the schools, the community, or youth themselves. The most important factor in solving any problem is defining that problem realistically and assessing the human, cultural, and financial resources available to respond to the problem as defined.

PENDING BILLS

I would like now to discuss the bills pending before the Subcommittee. H.R. 9456, which was passed by the House of Representatives on October 30, would extend for 3 years the Drug Abuse Education Act of 1970, and would authorize a total of $90 million over a 3-year period. The first $6 million of a total of $26 million to be appropriated in this fiscal year would be used by the Secretary of Health, Education, and Welfare to fund drug abuse education programs under section 3 of the Act. The next $5.6 million would be allotted to State education agencies for the purpose of assisting local educational agencies in planning, development, and implementation of drug abuse education programs. Additional funds would be available to the Secretary of HEW to fund community education projects and to the State education agencies on the basis of population.

S. 1845, introduced by Senator Bayh, of Indiana, closely parallels the present law, but in addition includes a requirement for thorough and independent evaluation, at least annually, of all drug abuse education projects and all community education projects funded under the Drug Abuse Education Act of 1970.

Both of these bills are narrow and categorical in nature. In addition, H.R. 9456 includes rigid appropriation priorities, which serve to place unwarranted emphasis on the development and dissemination of curriculum and informational materials approaches which have not proved to be productive.

We prefer a broad and flexible approach, given the perplexity of the problem, in order to meet State and local needs. This is the kind of approach suggested in S. 2848.

We urge therefore that this subcommittee not take favorable action in regard to H.R. 9456 or S. 1845.

As you are all aware, the President has not requested any funds in the fiscal year 1975 budget for the Drug Abuse Education Act. As we have testified previously before the Congress, there is much ambiguity involved whenever anyone tries to determine conclusively which approaches to alcohol and drug abuse work and which approaches are unproductive. Under these circumstances we do not believe that funds expended under a narrow categorical program such as the present Drug Abuse Education Act can be justified.

However, we believe that the philosophy and implementing activities of the administration's policy of alcohol and drug abuse education are basically compatible with the concepts embodied in S. 2848, the Alcohol and Drug Abuse Education Amendments of 1974, as introduced by Senator Javits and cosponsored by the chairman of this subcommittee, Senator Hughes, by the chairman of the full committee, Senator Williams, and by Senator Dominick, Senator Cranston, Senator Randolph, and Senator Beall. This legislation not only places emphasis on training teachers and community personnel in the kinds of early intervention techniques that have proven to be effective in a number of programs across the country, but contains sufficiently broad authority to permit any approach which may be effective in a given situation. The bill, which would authorize comprehensive demonstration programs, is sufficiently flexible and comprehensive to permit approaches to alcohol and drug abuse education which focus on the causes of abuse and the development of creative primary and early intervention programs. Funds could be used for inservice and preservice training of educational personnel, recruitment and employment of professionals for the programs, technical assistance to local school districts, for evaluation of programs, and dissemination of all valid and effective drug abuse education programs.

We are prepared to support the approach contained in S. 2848 if it is incorporated into a program consolidation proposal similar to the proposed Special Projects Act in S. 1539. States are now moving more and more effectively in this area. This format would allow us to continue the training of the Help Communities Help Themselves training centers until States have demonstrated the capacity to assume responsibility for them. Given the progress to date, we do not think this will be too far off.

CURRENT FEDERAL DRUG ABUSE EFFORTS

Let me now discuss our efforts with State and local school districts to deal with problems of drug abuse.

The Special Action Office for Drug Abuse Prevention is operating a formula grant program under section 409 of Public Law 92–255, under which the States must develop comprehensive State programs which deal with all aspects of the response to drug abuse. The Department expects, in its 1975 guidelines, to place greater emphasis on inclusion of prevention and education as part of the State's comprehensive plan. In addition, the Special Action Office is cooperating with the Office of Education to develop a nationwide demonstration program in fiscal year 1974 to train teachers and community personnel in adapting drug education and prevention techniques derived from several highly successful programs, such as the SPARK program in New York City, to their own needs. The SPARK program provides principles rather than specific models that can be applied to the drug and alcohol abuse problems of communities throughout the Nation. In fiscal year 1974, the Special Action Office will commit to the Office of Education $1 million from the Special Fund authority (section 223) in Public Law 92–255 to assist in the implementation of this new program.

The purpose of the new program is to provide training and technical assistance to school-based and community-based teams so that they will be better able to address the needs of youth as they relate to drug abuse. More specifically, it will be the goal of the school-team approach to develop school-based early intervention programs for secondary school students. The specific goal of the community-team approach is to catalyze community resources. The end goal of both program components is to prevent self-destructive behavior, particularly drug abuse behavior, among youth or to intervene at an early stage to prevent or alter this behavior.

As you know, Mr. Chairman, the National Institute of Drug Abuse, established in September 1973, pursuant to Public Law 92–255, is in the process of assuming most of the programmatic responsibilities for drug prevention and treatment now exercised by the Special Action Office and HEW. With specific regard to drug abuse education, the

Office of Education will assume initial primary responsibility for the development of school-based education and prevention programs through the training of teams at their regional training centers. The National Institute on Drug Abuse plans an evaluation of training activities currently being conducted by the Office of Education.

In the 3 years it has administered the Drug Abuse Education Act, the Office of Education had had a three-pronged approach for the implementation of our basic philosophy. The first objective has been to increase the response capability of the schools to both the students and parents by providing for the training of school/community personnel through 55 State and territorial education agencies. The second thrust is aimed at those young people not in schools, or sufficiently alienated so that school programs will have little impact on them, through the support of 57 demonstration school/community projects. A third prong has been to increase the community's capacity to deal with the problem in ways which reflect the specific needs of that community.

The Office of Education, therefore, views its mission as helping institutions, primarily State school systems and their local communities, to identify and understand drug abuse behavior and its causes, and to develop the skills needed to make their institutions more responsive. To the degree that these institutions become more responsive, and progress has been good, the Federal Government can move from a direct financing approach to more general forms of support.

In keeping with this strategy, in fiscal years 1972 and 1973, OE has trained interdisciplinary leadership teams representing all segments of the community in skills to assess their problem and their financial, human and cultural resources, a thorough understanding of drugs, drug use and the dynamics of the drug scene, skills in communicating with each other and with young people, exposure to a wide variety of materials and techniques, and training in skills in evaluating them and selecting those most appropriate as tools in solving their carefully defined problem. In order to facilitate their access to local community resources, upon return, it is expected that the teams will work in close cooperation with the local authorities. By March 1974, over 1,700 community teams will have been trained at eight regional training and resource centers under this help community help themselves program.

The experience gained from the last 2 years will be applied in fiscal year 1974 to the new school-based drug abuse prevention and early intervention program. At the same time, support for community-based teams will be continued, with the exception that even closer linkages between schools and their communities will result.

The entire program is commited to a timely and comprehensive evaluation of its efforts.

The National Institute of Alcohol Abuse and Alcoholism was established within the National Institute of Mental Health by the Comprehensive Alcohol·Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Public Law 91-616. As the primary focal point for Federal activities in the area of alcoholism, the Institute has the responsibility for formulating and recommending national policies and goals regarding the prevention, control, and treatment of alcohol abuse and alcoholism, and for developing and conducting programs and activities aimed at these goals. The program of State formula grants authorized by Public Law 91-616, a $45 million program in fiscal year 1975, will be modified by 1975 regulations to place greater emphasis on education-related prevention activities.

In addition, the National Institute for Alcohol Abuse and Alcoholism established, during fiscal 1973, a National Center for Alcohol Education, where leaders in a variety of fields—business executives, mayors, Governors, and health providers working in the alcohol field—may come together and discuss the issues and develop more effective approaches to alcohol abuse and alcoholism. The Center also includes an experimental educational laboratory for educating alcoholism practitioners and educators; a resident scholar program in which distinguished behavioral experts develop scholarship and multidisciplined professional expertise in the field; and a resident fellowship program for recently graduated behavioral scientists. It also serves as a model for the development of regional centers. In addition, the Center intends to undertake a comprehensive survey of public and private education and training programs related to the delivery of services in alcohol abuse and alcoholism. The results of this survey could identify effective program components, as well as areas of need which could influence future Federal mental health policy initiatives.

SUMMARY

In summary, Mr. Chairman, we believe there no longer exists a need for separate legislation such as the Drug Abuse Education Act of 1970. We believe drug abuse education activities can best be carried out through:

1. The State formula grant programs administered by the National Institutes of Drug Abuse and the National Institute for Alcohol Abuse and Alcoholism, and
2. Drug abuse education authority such as that contained in S. 2848 as a part of a consolidated innovative program package.

We are looking forward to continuing our cooperative effort with the Senate Committee on Labor and Public Welfare to develop necessary solutions to drug and alcohol abuse in this Nation.

Mr. Chairman, that completes my prepared testimony; I and my colleagues are prepared to answer any questions you may have.

Senator HUGHES. You know, I am a rather simple man. Could you tell me rather simply, in spite of the analysis at the end of your statement, what you plan to do in the future?

Mr. CARLUCCI. Yes, sir, Mr. Chairman. There are essentially two components to the activities of the Office of Education that have taken place under the Drug Abuse Education Act.

One is an effort to develop State capacity to train teachers and other school leaders.

Senator HUGHES. Does this mean that you are planning to turn this all over to the States.

Mr. CARLUCCI. Mr. Chairman, if I can finish, I believe I can describe how we plan to do this.

The second aspect of OE's activities has been the eight training centers, which will be reduced to five in fiscal year 1974, where interdisciplinary community teams are trained to identify the problem and to identify their own resources, and go back and take appropriate action in their communities.

We think the continuation of the five training centers will be an appropriate activity for the consolidated portion of S. 1539, the extension of the Elementary and Secondary Education Act. The consolidated portion in the bill as now drafted is known as the "Special Projects Act," and deals with a variety of programs.

It would essentially give the Commissioner of Education discretion on how various funds would be spent. We think that these centers could be continued under that authority until States had developed their full training capacity to take over the responsibility themselves. At present we think maybe 11 States or so have the capacity. The State of California, for example, has a very good training program.

The other piece of it, of building State capacity to develop their own State training programs, we think can be handled by the increased funds that are available from the formula grants administered by the National Institute of Drug Abuse and the National Institute of Alcohol Abuse and Alcoholism, and we would be working over the course of the next couple of months to analyze the regulations that accompany these State formula grants to see that the approaches that the Office of Education has been using in drug abuse education are built in to the formula block-grants that will go to the States.

So we think that that particular activity, building their own capacity for training, is an activity that can come out of the formula grant moneys, and there are increased funds in the formula grants to do this.

Senator HUGHES. In general, if I understand you, you seem to be endorsing the principles of S. 2848 without endorsing the bill.

Mr. CARLUCCI. That is correct, Mr. Chairman, we endorse the principles, and we think there will be adequate resources available in the formula grants, and we would like to see the principles built into the special projects section of the extension of Elementary and Secondary Education Act, assuming, of course, that we are able to work with the Congress to develop an act which is generally acceptable to the administration.

Senator HUGHES. That is a pretty vague assumption right now.

Mr. CARLUCCI. I am optimistic, sir.

Senator HUGHES. Well, we need optimism above all things right now. You have eight training centers now, if I understand you.

Mr. CARLUCCI. Well, there are seven training centers and one that is working in conjunction with the National Institute of Drug Abuse.

Senator HUGHES. When are you reducing them to five?

Mr. CARLUCCI. Let me ask Dr. Nowlis to give you the specifics of that.

STATEMENT OF DR. HELEN H. NOWLIS, DIRECTOR, DRUG EDUCATION PROGRAM, OFFICE OF EDUCATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. NOWLIS. Their full funding will end on April 1, 1974, and because when we make a commitment to a team we make it a commitment for follow-up, on-site further training and assistance, the technical assistance capacity of the centers will go on until June 30, 1974.

Senator HUGHES. Could you, Dr. Nowlis, explain the length of the training, what training they get, how you are selecting these teams you are training, and where they are receiving the training?

Dr. NOWLIS. Yes, we have now had almost 2 years of experience with this. We asked communities to select their own teams according to careful guidelines; we asked that there be representation from the school in terms of a teacher, administrator, or counselor, and we asked that there be one or two students on the team, because our experience has indicated that it is extremely important to have students involved in any such plans that are made. We also asked them to get two to three other people from the community that they feel can help most in their community. In some cases, this is a policeman, a chief of police or a representative of a social agency, or health agency, or a school board member, or the mayor's wife. They put the team together. As soon as they receive the grant, within ideally 6 weeks, a representative from the Center goes to the community and helps them plan what information about their community they need to bring for training.

Senator HUGHES. What are you calling a community?

Dr. NOWLIS. We have defined a community very broadly as a group of manageable size that perceives a common need, and has a realistic chance of having an impact on that need. We have had Indian reservations, prisons, military reservations, whole small towns, innercity ethnic groups, consolidated school districts—about a third of the teams have been initiated by school districts.

Senator HUGHES. Where are these training centers? Is that fairly important?

Dr. NOWLIS. Where are they?

Senator HUGHES. Physically, where are they located, the seven you have now?

Dr. NOWLIS. They are located in the Northeast, at the Drug Dependence Institute at Yale University; in New York, at Adelphi University; in Miami, at the University of Miami; in Chicago, at a foundation closely associated with the University of Chicago; at Trinity University, in San Antonio; at a nonprofit group located in northern California and connected with the John F. Kennedy University, and in Minneapolis at the University of Minnesota.

Senator HUGHES. And what two are you going to eliminate?

Dr. NOWLIS. Minneapolis and New Haven.

Senator HUGHES. Minneapolis and New Haven?

Dr. NOWLIS. Yes.

Senator HUGHES. At what point are you going to eliminate the other five? You are obviously in the business of getting out of the business, the way it looks to me, and I would like to know what you are looking to in the future.

Mr. CARLUCCI. Mr. Chairman, that would depend on how rapidly the States develop the capacity to pick up this training function themselves.

As I indicated earlier, we think a number of States can move very rapidly, and we would encourage them through our various formula grant programs under the National Institute for Alcohol Abuse and Alcoholism to continue the progress they have made.

I don't think that we are in a position right now to give a concrete date on which the centers could be phased out or the point at which we could phase out one or two more of them in particular geographic areas.

Senator HUGHES. Are you going to make that determination yourself, or is the State going to make it?

Mr. **Carlucci**. We would make the determination, obviously, Mr. Chairman, and we will be glad to consult with the committee on that process.

Senator **Hughes**. Did I understand that you have trained 1,700 teams so far?

Dr. **Nowlis**. By March 30, 1974, it will be 1,700 funded teams, but each center is also a resource to its region.

For instance, in one region, a team from the Job Corps Center was trained, and they now want to send their whole staff through in teams of six, at their own expense. So they do more than just fund teams.

Senator **Hughes**. What sort of research or followup are you doing on these teams and their effect?

Dr. **Nowlis**. Throughout our program, and tying it all together, is what we call an information support system. We have carefully designed the system, which operates for the minigrant teams out of our University of Chicago center, so that through the field service, and through the reports which the teams are willing to give us, even though we are not supporting their activities in the communities, we have a very good idea of what is going on.

The Special Action Office is in the process of letting a contract which will take two of these centers and the teams they have trained and evaluate them.

We feel that evaluation has two parts: one is ongoing developmental evaluation, which will help us develop better training, design and more effective technical assistance; and, by now some of the teams have been operating in the communities for a year or more, and we will begin to look at the impact that they have had on the communities.

Senator **Hughes**. What is the attrition rate of these teams, as you have studied them?

Dr. **Nowlis**. Attrition rate? You mean in terms of those——

Senator **Hughes**. That leave the field.

Dr. **Nowlis**. That leave the field? It is very low, if you took at a team as an ongoing activity. For instance, we have had one team where, within a year, three people on the team left the community. But with the help of additional onsite training from the centers, they reconstitute the team, and will now have 10 people instead of 6.

Senator **Hughes**. How long does this training take at the centers?

Dr. **Nowlis**. It varies from 10 to 13 days of intensive training.

Senator **Hughes**. Can you tell me precisely what they do, without being too broad? Just give me an outline.

Dr. **Nowlis**. All of them have the same basic goals and objectives, but each one uses slightly different styles of responding to those.

Essentially, for the first 5 days,the teams learn a great deal about drug use, the dynamics of the drug scene, they develop skills in relating to young people, skills in cross-disciplinary research, communications. They are exposed to a wide variety of models, whether it be informational materials or strategies, methodologies, programs, and then skills in evaluating those materials and processes, and selecting those which apply to their problem.

Then in the second week each one, working with a facilitator, develops its plan for when it returns to its community. We emphasize that this is a tentative plan and they must improve and develop it, but they go back with a plan, and they also go back with the assurance that they can call on the center for assistance, by phone, by asking the center staff to come, or by asking the center to provide someone who has skills that they need, who can do it better than the center's staff can do it, such as consultants.

Senator HUGHES. Can you furnish me a list of the teams that you have trained which are working in Iowa?

Dr. NOWLIS. Yes.

Senator HUGHES. If you would, please. I don't need it right now, but I would just like it for the record so I can see where they are located.

Dr. NOWLIS. I have it here.

Senator HUGHES. I would like some structural information on how they reach out. The reason I have asked this question is that I have had a lot of complaints recently of serious and rapid increase in drug usage in small towns. My hometown is an example; within the last year the arrest rate has gone up tremendously, and consumption of drugs has gone up tremendously, and the size of my town is 2,000 people.

A man I went to high school with is now chief of police in a town of 3,000 people, and has just written me last month asking me to come out, because no one knows how to cope with the problem in that little town—asking me to come out and tell him how. As you know I don't know any more than he does how to cope with an educational problem, projection, and so on.

But he and the people are tremendously up in arms about it; they can't cope with it. Now, States should be able to reach not only the center cities. I suppose they are trying to reach both cities and rural areas, but we have programs operating in the cities, and our little towns just don't seem to have any, at least at present.

Dr. NOWLIS. Well, this is one of the reasons that we designed this program, because it can and does respond. I can also give you a breakdown of the number of small towns, the number of suburban areas, the number of ethnic groups.

Senator HUGHES. Well, I would like to see a cross-section, if I could, Dr. Nowlis, with one to go to Senator Javits for New York City and New York State. Give me one for Iowa and another for some intermediate size State, to give me an idea of how you are proliferating these training teams and what their objectives are in getting them out into the States.

Dr. NOWLIS. I will provide listings of grants for Iowa, New York, and Texas. We are also building in links among the teams that are in training. Now in some of the States we have 10, 12, 15, or 20 teams that have been trained, and they are even forming State associations to help each other and to help communities that have not been trained.

[The information referred to previously and subsequently supplied follows:]

Grants to Iowa Communities under USOE Help Communities Help Themselves Program: FY '72

IOWA

Mr. John Gelland
District XI Drug Abuse Authority
R.R. #2
Ames, Iowa 50010
515/232-7899 Project Number: 2337

Bernardo G. Pineda, M.D.
Drug Use Committee
522 North 3rd Street
Brulington, Iowa 52601
515/754-5749 Project Number: 2336

Mrs. Barbara Buxton, Assistant
Grants and Services Division
Community Drug Council - Kirkwood
Community College
6301 Kirkwood Boulevard, S.W.
Cedar Rapids, Iowa 52406
319/398-5503 Project Number: 2259

Mr. Wayne Kelderman
Chariton Community School
Chariton High School
Chariton, Iowa 50049
515/774-2166 Project Number: 2264

Mr. William Taylor
Tri-County Drug Abuse Council
101 South 2nd Street
Clinton, Iowa 52732
319/242-0573 Project Number: 2258

Mr. William A. Quiram
Acting Coordinator of Federal Programs
Davenport Community School District
Davenport Public Schools
1001 Harrison Street
Davenport, Iowa 52803
319/323-9951 Project Number: 2260

Dr. E. Keith Hyde
Independent School District
Des Moines Ind. Community
School District
1800 Grand Avenue
Des Moines, Iowa 50307
515/284-7871 Project Number: 2253

IOWA (Continued)

Mr. Lloy Flickinger
Area V Drug Abuse Council
215 Federal Building
Fort Dodge, Iowa 50501
515/576-1327or573-7197(Office) Project Number: 2330

Mr. Merlin F. Raymond, Superintendent
Garnavillo Community School
Garnavillo, Iowa 52049
515/964-2321 Project Number: 2267

Mr. Jaime Duran
Migrant Action Program
P. O. Box 778
Mason City, Iowa 50401
515/423-7572 Project Number: 2262

Dr. Roy C. Sloan
YOU Coordinated Drug Program,
Jasper County
2009 First Avenue, East
Newton, Iowa 50208
515/792-4012 Project Number: 2306

Mr. Paul H. Ebbers
Central College & Pella Community
211 East 9th Street
Pella, Iowa 50219
515/628-4151-X362 Project Number: 2303

Dr. R. W. Fisher
Red Oak Community School District
408 Coolbaugh Street
Red Oak, Iowa 51566
712/623-9140 Project Number: 2265

Mr. Richard Thomson
District IV Iowa State Drug
Abuse Authority
205 South Washington Street
Remsen, Iowa 51050
712/786-1155 Project Number: 2254

Mr. M. H. Krohn
Iowa Great Lakes Drug Council
506 - 20th Street
Spirit Lake, Iowa 51360
712/336-2312 Project Number: 2261

Grants to Iowa Communities under USOE Help Communities Help Themselves Program: FY '73

IOWA

DAVID HYKES
ANKENY TEEN ACTION COUNCIL
513 E. 7th STREET
ANKENY, IA 50021

LARRY JOHNSON
BLAKESBURG DRUG ED PROGRAM
BOX 98
BLAKESBURG, IA 52536

ROGER KUETER
UNIVERSITY OF NORTHERN IOWA
COLLEGE OF EDUCATION
CEDAR FALLS, IA 50613

BOB T. HICKMAN
S.W. COMMUNITY COLLEGE
DRUG ABUSE PREVENTION PROJECT
CRESTON, IA 50801

BEVERLY KUBOWSKI
FIELD HOUSE ANNEX
DRAKE UNIVERSITY
DES MOINES, IA 50311

WILLIAM C. BLEEKER
IOWA CITY COMM SCHOOL DISTRICT
1040 WILLIAM STREET
IOWA CITY, IA 52240

REX PIERCY
McGREGOR KIWANIS CLUB
127 CENTER AVENUE
McGREGOR, IA 52157

MONICA MURRAY
C.S.T.E. ADV BOARD DRUG COMM
512 SOUTH VERMONT
MAQUOKETA, IA 52060

DENNIS MINER
EDDYVILLE COMM DRUG ABUSE COUN
2515 KENWOOD
OTTUMWA, IA 52501

IOWA (cont)

KEN STATON
PTA, OTTUMWA COMMUNITY SCHOOL
1132 EAST MARY STREET
OTTUMWA, IA 52501

JOHN HOWE
QUINT-CITIES DRUG ABUSE COUNCIL
2847 8th AVENUE
ROCK ISLAND, IA 61201

THOMAS E. SELLES
NO IA YOUTH INVOLVEMENT COMMITTEE
OPERATION THRESHOLD
604 MULBERRY
WATERLOO, IA 50703

Grants to New York Communities under USOE Help Communities Help Themselves Program: FY '72

NEW YORK

Mr. William Fairlig
Buffalo Public Schools
721 City Hall
Buffalo, New York 14202
716/842-3685 Project Number: 0620

Mrs. Rosemarie Stango
Yorkville Committee on Drug Abuse, Inc.
331 East 70th Street
New York, New York 10021
212/734-1955 Project Number: 0591

Mr. William R. Williford
Cornwall Central School
122 Main Street
Cornwall High School
Cornwall, New York 12518
914/534-8050 Project Number: 0804

Mr. Alan D. Willsey
Research Foundation of the State
University of New York
State University College
Cortland, New York 13045
607/753-4215 Project Number: 0640

Mr. D. J. Purcell
Federal Projects Coordinator
East Islip School District
8 Laurel Avenue
East Islip, New York 11730
516/581-1564 Project Number: 0653

Reverend Durstan R. McDonald
Hobart & William Smith Colleges
Hobart College
Geneva, New York 14456
315/789-5500-X279 Project Number: 0626

Mrs. Ellen Tietjen
Administration of the Village of
Gouvernear
33 Clinton Street
Gouvernear, New York 13642
315/287-2150 Project Number: 0652

NEW YORK (Continued)

Mr. Mortimer J. Abramowitz
Superintendent
Great Neck Public Schools
345 Lakeville Road
Great Neck, New York 11020
516/482-8650 Project Number: 0082

Mrs. Cecilia Campoverde Murmur
Vocational Education Extension Board (CASA)
Coordinating Agency for Spanish-Americans
1[illegible]2 Main Street
Hempstead, New York 11550
212/485-9700 Project Number: 0658

Mr. Amadeo Tomaini
Hicksville Public Schools
Administration Building
Division Avenue
Hicksville, New York 11801
212/935-9000-X242 Project Number: 0665-A

Dr. Frank L. Smeragliuolo
Jamestown Public Schools
200 East 4th Street
Jamestown, New York 14701
716/487-1101-X1255 Project Number: 0666

Dr. Felton E. Lewis
District 12 Narcotic Abuse Prevention
  Program
708 East Tremont Avenue
Bronx, New York 10457
212/299-6000 Project Number: 0638

Dr. Burton Ramer
Oswego County Board of Cooperative
  Educational Services
P. O. Box 488
Mexico, New York 13114
315/963-7161 Project Number: 0629

Reverend James J. O'Brien
Midele Village D.A.R.E., Inc.
66-05 - 79th Place
Middle Village, New York 11379
212/894-2399or326-1911 Project Number: 0730

Dr. Fred D. Phelps
Herbert H. Lehman College of the
  City University of New York
Bedford Park Boulevard
Bronx, New York 10468
212/960-8157 Project Number: 0609

NEW YORK (Continued)

Mr. Dennis Gardner, Director
Morrisania Community Corp.
3225 Third Avenue
Bronx, New York 10456
212/292-4600 Project Number: 0616

Sister Catherine Crumlish
Pastoral Planning Program
172 Bainbridge Street
Brooklyn, New York 11233
212/493-6471 Project Number: 0608

Dr. Patricia Fleming
Queens Court College of CUNY
6 Burns Street
Forest Hills, New York 11375
212/268-0416 Project Number: 0632

Mr. James J. Downey, Jr.
Administrative Assistant for Drug Abuse
New Hyde Park Narcotics Guidance Council
Central High School District #2
820 Hempstead Turnpike
Franklin Square, New York 11010
516/354-1500 Project Number: 0633

Mr. Alonzo H. Shockley, Jr.
Freeport Public Schools
P. O. Box 50
Freeport, New York 11520
516/623-2100 Project Number: 0728

Mrs. Ellen Goldner
Narcotics Prevention Program
36 Park Row - Room 317
New York, New York 10038
212/433-6275 Project Number: 0733

Mr. Steven Baker
School District #1 Drug Abuse Project
P. S. 134
293 East Broadway
New York, New York 10002
212/228-2300 Project Number: 0595

Mr. George O'Toole
Williamsburg Youth Council
Manpower & Career Development
Office of Staff Development
220 Church Street, Room 569
New York, New York 10007
212/433-4577 Project Number: 0723

NEW YORK (Continued)

Mrs. Elizabeth Young
Chinatown Planning Council
27 Eldridge Street
New York, New York 10002
212/431-8756 Project Number: 0581

Mr. Lawrence Holder
Executive Director
Two Bridges Neighborhood Council
179 Cherry Street
New York, New York
212/227-4555 Project Number: 0767

Mr. John Curry
Narcotics Prevention Program
Youth Services Agency
38 Park Row
New York, New York 10038
212/433-6275 Project Number: 0580

Mrs. Andrea Vilinsky
SCORE
31-58 - 51st Street, Woodside
New York, New York 11377
212/721-4932 Project Number: 0656

Mr. Daniel Clark
Citizens Drug Advisory Council of
Niagara County
P. O. Box 121
Niagara Falls, New York 14301
716/285-3515 Project Number: 0726

Mrs. Barbara Naprstek
Chenango County Narcotic Guidance
Council
11 South Broad Street
Norwich, New York 13815
607/334-7121 Project Number: 0718

Mr. George R. Krahl
Oneida City School District
Box 327, 288 Main Street
Oneida, New York 13421
315/363-5800 Project Number: 0651

NEW YORK (Continued)

Mr. Edward Waters
Dean
Special College Programs
Marist College
North Road
Poughkeepsie, New York 12601
914/471-1825 Project Number: 0604

Mrs. Gail N. Chapman
Town of Randolph
Randolph Central School
Randolph, New York 14772
716/358-3965 Project Number: 0020

Mr. Douglas Best
Cooperative College Center
50 West Main Street
Rochester, New York 14614
716/546-2630 Project Number: 0766

Mr. Charles A. Siciliana
City of Saratoga Springs
5 Wells Street
Saratoga Springs, New York 12866
518/584-7510-X202 Project Number: 0668

Mr. Harvey Handel
Rotterdam Community Action Program
825 Duanesburg Road
Schenectady, New York 12306
518/355-6110 Project Number: 0654

Mr. W. C. Rochelle
Schenectady City School District
108 Main Street
Schenectady, New York 12305
518/377-6486 Project Number: 0661

Mr. J. Richard Lynch
Town of Skaneateles Narcotics
Guidance Council
2-4 Fennell Street
Skaneateles, New York 13152
315/685-3416 Project Number: 0605

Reverend Howard E. Velzy
Southampton-Tuckahoe Drug Abuse Council
160 Main Street
Southampton, New York 11968
516/283-0951 Project Number: 0734

NEW YORK (Continued)

Mr. Rand Timmerman
P.E.A.C.E., Inc.
117 Gifford Street
Syracuse, New York 13205
315/475-0176 Project Number: 0674

Dr. Richard Lerer
Superintendent of Schools
Planning Team of the Tarrytowns
Public Schools of the Tarrytowns
200 North Broadway
North Tarrytown, New York 10591
914/631-9400 Project Number: 0592

Mr. Joseph Fraccola
Mayors Narcotic Guidance Council
and Force
Office of Human Resources
City Hall
1 Kennedy Plaza
Utica, New York 13502
315/798-3213 Project Number: 0649

Mrs. Carol Lutker
New York Institute of Technology
Wheatley Road
Old Westbury, New York 11568
516/626-3400 Project Number: 0660

Dr. Norman Burg
Woodstock Narcotics Guidance Council
Glasco Turnpike
Woodstock, New York 12498
914/657-2451 Project Number: 0663

Mr. Alexander Levy
Peer Group Leadership Program
In Drug Abuse Prevention
George Washington High School
192nd Street and Audubon
New York, New York 10040
212/927-1841 Project Number: 0643

Grants to New York Communities under USOE Help Communities Help Themselves Program: FY '73

NEW YORK

Herbert Hughes
Parents Against Drugs
189 Clinton Ave.
Albany, N.Y. 12210
518/434+8646
Project Number: 2231
Grant Number: 1659

Robert Chirles
Archdiocese of N.Y. I
915 Hutchinson River Parkway
Bronx, N.Y. 10465
212/597-6348
Project Number: 2245
Grant Number: 1672

John S. Sich
Manhattan College
Manhattan College Parkway
Bronx, N. Y. 10471
212/548-1400 ext. 218
Project Number: 2211
Grant Number: 1641

David Marcus
School District 23
320 Rockaway Ave
Brooklyn, N.Y. 11233
212/485-8100
Project Number: 2222
Grant Number: 1651

Martin Hirsch
Greenpoint Hospital
300 Skillman Ave
Brooklyn, N.Y. 11211
212/387-3010 ext. 424
Project Number: 2237
Grant Number: 1664

Ina H. Tranberg
Williamsburg Health Ed. Inc.
260 Broadway 2nd Floor
Brooklyn, N.Y. 11211
212/964-8700 ext. 321
Project Number: 2239
Grant Number: 1666

NEW YORK (CONT'D)

Rev. Lewis A. Maynard
Transfiguration Church Youth Ctr
263 Marcy Ave.
Brooklyn, N.Y. 11211
212/388-8773
Project Number: 2251
Grant Number: 1677

Ralph T. Brande
School Dist. 22
3109 Newkirk Ave.
Brooklyn, N.Y. 11226
212/856-5879
Project Number: 2205
Grant Number: 1636

Robert F. P. Hartl
Center for Human Serv. Trg. Inc. I
170 Franklin St. Suite 525
Buffalo, N.Y. 14202
716/853-0009
Project Number: 2253
Grant Number: 1678

Robert F. P. Hartl
Center for Human Serv. Trg. Inc. II
170 Franklin St. Suite 525
Buffalo, N.Y. 14202
716/853-0009
Project Number: 2254
Grant Number: 1679

Robert F. P. Hartl
Center for Human Serv. Trg. Inc. III
170 Franklin St. Suite 525
Buffalo, N.Y. 14202
716/853-0009
Project Number: 2255
Grant Number: 1680

Leonora Resnick
Lawrence Public School
Really Road
Cedarhurst, N.Y. 11514
516/295-2700 ext. 233
Project Number: 2214
Grant Number: 1643

NEW YORK (CONT'D)

Rev. Neil Kneafsey
College Point R.A.R.E.
123-06 14th Ave.
College Point, N.Y. 11356
212/359-1209
Project Number: 2201
Grant Number: 1633

Michael J. Dundon
YMCA Cheektowaga Drug Ed. IV
3140 Walden Ave.
Depew, N.Y. 14043
716/684-7635
Project Number: 2256
Grant Number: 1681

Dr. Martin T. Walsh
East Meadow Public Schools
Carman Ave
East Meadow, N.Y. 11554
516/485-7000 ext. 220
Project Number: 2215
Grant Number: 1644

Martin Petersen
Union Free School Dist. 16
Elmont Road
Elmont, N.Y. 11003
516/354-4917 ext. 4
Project Number: 2202
Grant Number: 1634

Robert Chirles
Archdiocese of N.Y.
John S. Burke High School
Fletcher Street
Goshen, N.Y. 10924
914/293-5481
Project Number: 2244
Grant Number: 1671

Oscar Smith
Industry Lodge #889
c/o Imperial 129 W. 129th St.
Harlem, N.Y. 10030
212/560-1351
Project Number: 2238
Grant Number: 1665

Donald L. Costlow
Freeport Public Schools
P.O. Box 50
Freeport, N.Y. 11520
516/623-2100 ext. 200
Project Number: 2217
Grant Number: 1646

NEW YORK (CONT'D)

Morton Fine
York College
150-14 Jamaica Ave.
Jamaica, N.Y. 11432
212/969-4057
Project Number: 2226
Grant Number: 1655

Dr. Frederick J. Feuerbach, Jr.
Larchmont-Mamaroneck Narcotics Guidance Council
740 W. Boston Post Rd.
Mamaroneck, N.Y. 10543
914/698-8300 ext. 320
Project Number: 2208
Grant Number: 1639

Glorya Selton
Central High School Dist. 3
1691 Meadowbrook Rd.
Merrick, N.Y. 11566
516/826-2200 ext. 219
Project Number: 2218
Grant Number: 1647

Matthew J. Rosso Jr.
Moriches Narcotics Guidance Council
Box 215
Moriches, N.Y. 11934
516/345-3978
Project Number: 2204
Grant Number: 1635

Robert Chirles
Archdiocese of N.Y.
Blessed Sacrament
24 Shea Place
New Rochelle, N.Y.
914/632-1595
Project Number: 2246
Grant Number: 1673

Robert Chirles
Ursuline Academy
Archdiocese of N.Y.
1354 North Ave.
New Rochelle, N.Y. 10804
914/636-3950
Project Number: 2247
Grant Number: 1674

NEW YORK (CONT'D)

Roland Faistman
SCORE
32-32 71st St. Jackson Hts.
New York, N.Y. 11372
212/478-6377
Project Number: 2206
Grant Number: 1637

Melvyn Morris
S.U.N.Y. Drug Ed. Committee
Stony Brook
New York, N.Y. 11790
516/246-6730
Project Number: 2209
Grant Number: 1640

Peter Rodenrys
YOuth Service Agency
98 Norfolk St.
New York, N.Y. 10002
212/982-5544
Project Number: 2213
Grant Number: 1642

Rafael Valdivieso
Youth Leadership Project
600 East 6th Street
New York, N.Y. 10009
212/673-8212
Project Number: 2220
Grant Number: 1649

Sara Latten
Community School Dist. 3
300 W. 9th St.
New York, N.Y. 10025
212/850-0050
Project Number: 2221
Grant Number: 1650

Stephen A. Swift
Chelsea Coordinating Committee
239 W. 19th St.
New York, N.Y. 10011
212/691-5710
Project Number: 2223
Grant Number: 1652

NEW YORK (CONT'D)

Joseph Coviello
Youth Services Agency-CPD 9
5002 Church Ave.
New York, N.Y. 11203
212/342-6620
Project Number: 2224
Grant Number: 1653

A. T. Bartlett
Columbia Univ. Teachers College
525 W. 120th St.
New York, N.Y. 10027
212/870-4011
Project Number: 2225
Grant Number: 1654

Frank DeSilva
Westside Rehabilitation Center
103-7 West 108th St.
New York, N.Y. 10025
212/666-3127
Project Number: 2228
Grant Number: 1656

Obafumni Adefemni
Community Awareness on Drug Abuse
25 Lenox Ave
New York, N.Y. 10026
212/865-7272
Project Number: 2229
Grant Number: 1657

Sidney Mann
Street Workers Inc.
130 E. 40th St.
New York, N.Y. 10016
212/685-6070
Project Number: 2230
Grant Number: 1658

Jewel Johnson
Harlem SPAN Inc.
62 W. 127th St.
New York, N.Y. 10027
212/534-6422
Project Number: 2232
Grant Number: 1660

NEW YORK (CONT'D)

Carlos A. Foster
Outreach Drug Ed. Program
217 E. 2nd St.
New York, N.Y. 10009
212/260-5303
Project Number: 2234
Grant Number: 1662

Burleigh Hobson
Narcotics Institute
1425 West 126th St.
New York, N.Y. 10027
Project Number: 2240
Grant Number: 1667

Edward Wong
N.Y. Chinatown Research Team
544 W. 113th St.
New York, N.Y. 10028
212/925-3815
Project Number: 2241
Grant Number: 1668

Cheryle Stevens
Lower Eastside Youth Center
71 Eldridge St.
New York, N.Y. 10002
212/966-1938
Project Number: 2249
Grant Number: 1675

Helen H. Taylor
Neighbors United of Hamilton Hgts.
535 W. 152nd St.
New York, N.Y. 10036
212/960-6528 or 6502
Project Number: 2250
Grant Number: 1676

Eva M. Sereghy
Planning Team of N. Tarrytown
95 Beekman Ave
No. Tarrytown, N.Y. 10591
914/631-3026
Project Number: 2236
Grant Number: 1663

NEW YORK (CONT'D)

Robert Chirles
Mary Immaculate Archdiocese
Eagle Park
Ossining, N.Y. 10562
914/941-0500
Project Number: 2242
Grant Number: 1669

Sister Carol Evans, S.C.
Diocese of Rockville Center
Roe Blvd.
Patchoque, N.Y. 11772
516/475-4848
Project Number: 2207
Grant Number: 1638

James Galloway
Roosevelt Public Schools
1 Wagner Ave
Roosevelt, N.Y. 11575
516/FR8-7302 ext. 53
Project Number: 2219
Grant Number: 1648

Adele Wallenstein
Union Free School Dist. #3
Harbor Hill Rd., P.O. Box 367
Roslyn, N.Y. 11576
516/621-4900 ext. 208 or 209
Project Number: 2216
Grant Number: 1645

Robert Taylor
Blue Heaven Farms
P.O. Box 53 Schoolhouse Rd.
Stuyvesant, N.Y. 12173
138/732-2606
Project Number: 2233
Grant Number: 1661

Norman Freedman
YMCA Tonawanda Drug Center V
3350 Delaware
Tonawanda, N.Y. 14207
716/875-2131
Project Number: 2257
Grant Number: 1682

NEW YORK (CONT'D)

Robert Chirles
Archdiocese of N.Y.
Our Lady of Good Counsel
52 N. Broadway
White Plains, N.Y. 10603
914/949-0178
Project Number: 2243
Grant Number: 1670

Dr. Robert F. Alioto
Yonkers Board of Education
145 Palmer Road
Yonkers, N.Y. 10701
914/963-4567
Project Number: 2200
Grant Number: 1632

NEW YORK

Eugene T. Reville
Buffalo Public Schools
721 City Hall
Buffalo, New York 14202
716/852-2847 Project Number: 1165

Ronald J. Hilton
Rochester Institute of Technology
RIT Metropolitan Center
50 West Main Street
Rochester, New York 14614
716/262-2702 Project Number: 1157

Dr. Donald Schwartz
S.U.N.Y. College at Buffalo
1300 Elmwood Avenue
Buffalo, New York 14222
716/862-5901 Project Number: 1153

Mr. Robert Parr
S.U.N.Y. at Buffalo
P.O. Box 7126
Albany, New York 12224
518/462-5331 Project Number: 1148

James C. Doremus
Human Interaction, Inc.
210 Genesee Street
Utica, New York 13502
315/735-7122 Project Number: 1146

Julia E. Brandon
Montgomery Neighborhood Center, Inc
10 Cady Street
Rochester, New York 14608
716/436-3090 Project Number: 1143

John P. Cook
Lewis County Drug Advisory Council
Glenfield, New York 13343
315/376-6501 Project Number: 1142

Justus A. Prentice
Rockland County Board of Cooperative Services
61 Parrott Road
West Nyack, New York 10994
914/623-3828 Project Number: 1140

NEW YORK (Con't)

G. Wayne Glick
Keuka College
Department of Education
Keuka Park, New York 14478
315/536-4411 Project Number: 1139

Paul P. Geibel
Monroe County Mental Health
111 Westfall Road
Rochester, New York 14620
716/442-4000 Project Number: 1137

Dr. Donald T. Cannon
Canisius College
2001 Main Street
Buffalo, New York
716/883-7000 Project Number: 1135

Lester Wooten
S.U.N.Y. at Albany
Capitol District Drug Abuse Prevention
99 Washington Avenue
Albany, New York 12212
518/462-6516 Project Number: 1134

Philip J. LoGuidice
Chatququa County Board of
Cooperative Educational Services
Box 250
Fredonia, New York 14063
716/672-4371 Project Number: 1130

Mrs. Gerald R. Clark
Community Youth Counselors
15 Court Street
Cortland, New York 13045
607/756-7523 Project Number: 1128

Leeland N. Jones
S.U.N.Y. at Buffalo Urban Center
220 Delaware Avenue
Buffalo, New York 14202
716/852-6181 Project Number: 1127

Dudley P. Van Arnam
The Enlarged City School District
of Troy
1950 Burdett Avenue
Troy, New York 12180
518/271-8637 Project Number: 1126

NEW YORK (cont'd)

Delores Walker
Baden - Ormond Welfare Rights
10 Vienna Street, Apt. 1D
Rochester, New York 14605
716/325-2890 Project Number: 1025

Don R. Roesler
YMCA Syracuse/Onondaga County
340 Montgomery Street
Syracuse, New York 13202
315/474-6851 Project Number: 1021

Kenneth A. Gant
State University College at Potsdam
Pierrepont Avenue
Potsdam, New York 13676
315/268-2925 Project Number: 1018

L. Jed Berliner
Mainline and Open House
412 Linn Street (Sheldon Court)
Ithaca, New York 14850
607/273-1137 Project Number: 1016

Grady Armstrong
Cooperative College Center
120 Franklin Street
Rochester, New York 14604
716/232-2730 Ext. 46 Project Number: 1015

Murphy Greer Jr.
Western Monroe Community Project, Inc.
462 Parma Center Road
Post Office Box 371
Hilton, New York 14468
716/392-4165 Project Number: 1014

Deloris L. Hunter
Project Upward Bound
50 Main Street West
Rochester, New York 14614
716/262-2727 Ext. 2726 Project Number: 1012

NEW YORK (cont'd)

Ronald E. Armstrong
South Glens Falls Central School District
7914 Bluebird Road
South Glens Falls, New York 12801
518/792-5891 Ext. 20 Project Number: 1009

L. Keith Cheney
Houghton College - Education Department
Houghton, New York 14744
716/567-2211

Lawrence B. Mutty, M.D.
Glens Falls Hospital Mental Health
Center
97 Park Street
Glens Falls, New York 12801
518/793-5148

Grants to Texas Communities Under USOE Help Communities Help Themselves Program: Fiscal Year 1973

TEXAS

CHARLES RANDALL CARROLL
COMMUNITY AFFAIRS INSTITUTE, INC.
BOX 729
BELTON, TX 76513
817-939-1481
R93-7132 -- OEG-0-73-2151

ROBERT L. DENNIS
COMMUNITY ACTION AGENCY
1002 COKE STREET
CORPUS CHRISTI, TX 78401
512-884-2192
R93-7131 -- OEG-0-73-2150

JEANETTE LIZCANO
MENTAL HEALTH OUTREACH PROGRAM
402 E. NUCCES
CRYSTAL CITY, TX 78839
512-374-2707
R93-7101 -- OEG-0-73-2121

FRANCISCO RODRIGUEZ
CITY OF CRYSTAL CITY
P.O. BOX 550
CRYSTAL CITY, TX 78839
513-374-3478
R93-7102 -- OEG-0-73-2122

JAKE NARCOMY
AIC INDIAN ALCOHOLISM REHAB
4320 SCURRY
DALLAS, TX 75222
214-824-1321
R93-7113 -- OEG-0-73-2133

ALFREDO GUTIERREZ, MAYOR
CITY OF DEL RIO
P. O. DRAWER DD
DEL RIO, TX 78840
512-775-8868
R93-7130 -- OEG-0-73-2149

C. C. NOLEN
NORTH TEXAS STATE UNIVERSITY
CTR FOR COMM SERVICES & CONTINUING ED
P.O. BOX 5344, NTSU STATION
DENTON, TX 76203
817-788-2307
R93-7117 -- OEG-0-73-2137

TEXAS (Cont)

JOSE L. DE LOS SANTOS
HIDALGO CO HEALTH CARE CORP
1425 SOUTH 9TH
EDINBURG, TX 78539
512-383-4985 x9
R93-7105 -- OEG-0-73-2125

ANDY MEDINA
UNION Y DIGNIDAD
815 E. UNIVERSITY DRIVE
EDINBURG, TX 78539
512-787-6571
R93-7119 -- OEG-0-73-2139

LARRY JUANCHO
EAST EL PASO YOUTH PROJECT
P.O. BOX 17579
EL PASO, TX 79917
915-859-7913
R93-7129 -- OEG-0-73-2148

EUGENIO SOLIZ, JR
BROOKS CO DRUG ABUSE COUNCIL
PROBATION DEPARTMENT
P.O. BOX 212
FALFURRIAS, TX 78355
512-325-2414
R93-7108 -- OEG-0-73-2128

JODIE R. THOMPSON
INTERNATIONAL GUIDANCE SYSTEMS
2816 1/2 MORTON STREET
FORT WORTH, TX 76107
817-336-2481
R93-7104 -- OEG-0-73-2124

HAROLD A. GOOLISHIAN
MENTAL HEALTH-MENTAL RETARDATION
CENTER FOR GALVESTON COUNTY
1124 24TH STREET
GALVESTON, TX 77550
713-763-2373
R93-7001 -- OEG-0-73-2099

TEXAS (Cont)

HELEN MORRIS
TEJAS CENTER FOR ALC & DRUG ABUSE
215 SOUTH MAIN STREET
HENDERSON, TX 75652
214-657-9391
R93-7107 -- OEG-0-73-2127

DAVID N. SHOUP
HISPANIC INTERNATIONAL UNIVERSITY
SOCIAL SERVICES
3520 MONTROSE - SUITE 204
HOUSTON, TX 77006
713-523-2519
R93-7115 -- OEG-0-73-2135

RORY HARPER
INLET DRUG CRISIS CENTER
708 HYDE PARK
HOUSTON, TX 77006
713-526-5873
R93-7134 -- OEG-0-73-2153

BILLY D. LANGFORD
DEEP E. TEXAS COUNCIL OF GOVERNMENTS
272 EAST LAMAR STREET
JASPER, TX 75951
713-384-5704 x12
R93-7133 -- OEG-0-73-2152

JOSEPH H. STEVENSON
COMMUNITY SERVICE COUNCIL, INC.
HEALTH SERVICES COMMITTEE
123 KELLOGG BLDG
KERRVILLE, TX 78028
512-257-7700
R93-7004 -- OEG-0-73-2102

REV. JOHN McGRATH
ST MARTINS PARISH
715 N. 8TH STREET
KINGSVILLE, TX 78363
512-592-4602
R93-7124 -- OEG-0-73-2144

TEXAS (Cont)

RUBEN E. FARIAS
LA JOYA IND SCH DIST
BOX 33
LA JOYA, TX 78560
512-585-4855
R93-7121 -- OEG-0-73-2141

DAVID J. PENNINGTON
LAREDO AFB/SOCIAL ACTIONS OFFICE
SL (BLDG 374,RM 8)
LAREDO AFB, TX 78040
512-723-1111 x2547
R93-7111 -- OEG-0-73-2131

CLAYTON MALLETT
LUBBOCK MENTAL HLTH MENTAL
RETARDATION CENTER
1318 MAIN STREET
LUBBOCK, TX 79401
806-763-4213
R93-7136 -- OEG-0-73-2155

CLARENCE RANKIN
MIDLAND COMM ACT, INC
100 N. CARVER
MIDLAND, TX 79701
915-694-1881
R93-7116 -- OEG-0-73-2136

L. R. BISSETT
NEW DEAL INDEP SCHOOL DISTRICT
NEW DEAL, TX 79350
806-746-5933
R93-7114 -- OEG-0-73-2134

RAYMUNDO LOPEZ
C.U.P.M. INC
P.O. BOX 475
PHARR, TX 78577
512-787-6571
R93-7118 -- OEG-0-73-2138

ANDY MEDINA
UNION Y FUERZA, INC.
309 NORTH CAGE
PHARR, TX 78577
512-787-6571
R93-7122 -- OEG-0-73-2142

TEXAS (Cont)

JUAN SANDOVAL
UNITED NEIGHBORHOOD COUNCILS, INC.
611 NORTH FLORES - P.O. BOX 1265
ROBSTOWN, TX 78380
512-387-1693 or 1527
R93-7017 -- OEG-0-73-2114

DAVID MELDER
ROCKWALL YMCA
BOX 714
ROCKWALL, TX 75087
514-722-6111
R93-7110 -- OEG-0-73-2130

AURORA V. HERNANDEZ
SOUTHWEST MIGRANT ASSOCIATION, INC
2327 CASTROVILLE ROAD
SAN ANTONIO, TX 78237
512-434-0626
R93-7100 -- OEG-0-73-2120

JUAN J. PATLAN
MEXICAN-AMERICAN UNITY COUNCIL, INC.
615 PEREZ STREET
SAN ANTONIO, TX 78207
512-225-4241 x23
R93-7106 -- OEG-0-73-2126

ABRAM EMERSON
ELLA AUSTIN COMMUNITY CENTER
1023 N. PINE
SAN ANTONIO, TX 78202
512-224-2351
R93-7125 -- OEG-0-73-2145

MARIE W. PORTER
DRUG ABUSE CENTRAL
815 S. PRESA
SAN ANTONIO, TX 78210
512-225-4066
R93-7126 -- OEG-0-73-2146

JOHN VELTMAN
NORTH EAST INDEPENDENT SCHOOL DIST
10214 SOMMERS
SAN ANTONIO, TX 78286
512-655-4210
R93-7127 -- OEG-0-73-2147

TEXAS (Cont)

ABEL A. REYNA, JR.
EDGEWOOD INDEPENDENT SCH DIST (ESP)
5358 W. COMMERCE
SAN ANTONIO, TX 78237
512-433-2361
R93-7135 -- OEG-0-73-2154

NANCY S. BOHMAN
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325 NEBRASKA STREET
SAN ANTONIO, TX 78203
512-533-0175 x5
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REV. HECTOR R. RODRIGUEZ, OMI
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SAN JUAN, TX 78589
512-787-7381
R93-7109 -- OEG-0-73-2129

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1400 COLLEGE DRIVE
WACO, TX 76708
817-756-6551 x205 or 206
R93-7120 -- OEG-0-73-2140

GERALD G. FOX
CITY OF WICHITA FALLS
DEPT OF PUBLIC SAFETY
P.O. BOX 1431
WICHITA FALLS, TX 76307
817-322-5611 x221
R93-7112 -- OEG-0-73-2132

Grants to Texas Communities Under USOE Help Communities Help Themselves Program: Fiscal Year 1972

TEXAS

Mr. Hugo Hernandez
Team Ega Project - Abilene
Consejo del Barrio
4825 South 5th
Abilene, Texas 79605
915/692-1848 Project Number: 2762

Mr. Argus Burnett
Texas Panhandle Community Action
Committee
1605 West Seventh Street
Amarillo, Texas 79102
806/373-6881 Project Number: 2653

Mr. John Litrio
Regional Center for Individual and
Community Development - Graduate
School of Social Work
University of Texas at Arlington
Arlington, Texas 76010
214/265-3444 Project Number: 2665

Mr. Joseph Baressi
Eanes Independent School District
601 Camp Craft Road
Austin, Texas 78746
512/327-1760 Project Number: 2801

Mrs. Marilynn Dierschke
Austin Drug Central
5507 Colton Road
Austin, Texas 78704
512/385-6219 Project Number: 2670

Mr. H. W. Eikenhorst
The Community Committee on Drug Abuse
P. O. Box 1147
Brenham, Texas 77833
713/836-5672 Project Number: 2643

Mr. Harry J. Segapeli
Canutillo Independent School District
Canutillo, Texas 99835
512/987-3147 Project Number: 2659

Mr. Newman Smith
Carrollton-Farmers Branch Independent
School District
1721 Walnut Street
Carrollton, Texas 75006
214/242-4281 Project Number: 2609

TEXAS (Continued)

Mr. J. L. Jackson
Corpus Christi Drug Abuse Council
425 South Broadway
Corpus Christi, Texas 78401
512/883-7483 Project Number: 2711

Mr. Jerome Vacek
Navarro County Action Committee, Inc.
P. O. Box 612
Corsicana, Texas 75110
214/872-3847 Project Number: 2805

Mr. Erasmo Andrade
City of Crystal City
P. O. Drawer 550
Crystal City, Texas 78839
512/374-2496 Project Number: 2649

Mrs. Clydia Steenson
Dallas Independent School District
3700 Ross Avenue
Dallas, Texas 75204
214/824-1620-X322 Project Number: 2819

Mrs. Mary M. Williams
American Indian Center of Dallas
722 North Beacon Street
Dallas, Texas 75214
214/826-8856 Project Number: 2713

Brother Adrian Gaudin, S.C.
Catholic School System of Dallas
3900 Rugged Drive
Dallas, Texas 75224
214/339-6561 Project Number: 2652

Mr. James H. Daniel
Deer Park Independent School District
203 Ivy Street
Deer Park, Texas 77536
214/479-2831 Project Number: 2639

Mrs. Dorothy F. Byrd
North Texas State University Center
  for Community Services
1510 Maple Street
Denton, Texas 76201
817/788-2307 Project Number: 2627

TEXAS (Continued)

Mrs. Charles Brazil
Eagle Pass
546 Quarry Street
Eagle Pass, Texas 78852
512/773-2371 Project Number: 2658

Mr. Joe H. Ramon
Model Cities of Edinburg
10th at McIntyre
Edinburg, Texas 78539
512/383-5686 Project Number: 2761

Mr. Keith Tucker
University of Texas
215 Vaquero Lane #131
El Paso, Texas 79912
915/542-0819 Project Number: 2613

Honorable Bert Williams
Mayor
City of El Paso
500 East San Antonio
El Paso, Texas 79901
915/543-6060 Project Number: 0078

Mr. Robert Godfrey
Greater Fort Worth and Tarrant
  County Community Action Agency
1008 Macon Street
Fort Worth, Texas 76102
817/332-9121 Project Number: 2778

Mr. Jack Frost
Georgetown Independent School District
1201 Church Street
Georgetown, Texas 78626
512/863-3451 Project Number: 2663

Miss Donna Steuver
Houston Independent School District
3830 Richmond
Houston, Texas 77027
713/623-5232 Project Number: 2650

Dr. Cynthia Shepard Perry
Chicano por la Raza
3602 South McGregor
Texas Southern University
Houston, Texas 77021
713/528-0318 Project Number: 2608

TEXAS (Continued)

Mrs. Maria Elena Salinas
Kingsville Barrio Consejo
328 West Avenue B
Kingsville, Texas 78363
512/592-6700 Project Number: 2673

Mr. Bill Gerber
Lamesa Independent School District
P. O. Box 261
Lamesa, Texas 79331
806/872-5461 Project Number: 2616

Mr. Pete Cantu
Laredo Community Action Agency
1104 Salinas
Laredo, Texas 78040
512/723-2412 Project Number: 2634

Mr. Howard Maddera
South Plains Community Action
Association
P. O. Box 61, City Park
Levelland, Texas 79336
806/894-3649 Project Number: 2617

Mrs. Bettye A. Libby
Midland Community Action Agency, Inc.
P. O. Box 5112
Midland, Texas 79701
915/682-2822 Project Number: 2623

Mr. Cecil M. Everett
North Lamar Independent School
District
P. O. Box 68
Powderly, Texas 75473
214/785-4252 Project Number: 2789

Mr. David Gonzales
United Neighborhoods Council, Inc.
1008 Elizabeth
Robstown, Texas 78380
512/387-3668 Project Number: 2656

Mr. Juan Patlan
Mexican American Unity Council
615 Perez Street
San Antonio, Texas 78207
512/225-4241 Project Number: 2660

TEXAS (Continued)

Mr. Stephen Catalani
San Antonio Independent School District
141 Lavaca Street
San Antonio, Texas 78210
512/227-3561 Project Number: 2625

Reverend Rene Garcia
Migrantes Por Salud
P. O. Box 747
San Juan, Texas 78589
512/787-7381 Project Number: 2788

Mr. James E. Folts
San Marcos Drug Abuse Council
P. O. Box 931
San Marcos, Texas 78666
512/392-2859 Project Number: 2615

Mr. Frank L. Dzierzanowski
Fort Bend Independent School District
500 Dulles Avenue
Stafford, Texas 77477
713/494-3151 Project Number: 2666

Mrs. Theresa Allen
Sweetwater Independent School District
1205 Ragland Street
Sweetwater, Texas 79556
915/235-9204 Project Number: 2629

Mr. E. E. Collins
Bowie County Economic Advancement Corp.
1510 Plum Street
Texarkana, Texas 75501
214/794-3386 Project Number: 2657

Mr. W. W. Mathis
Liberty-Eylau RHSD #708
RTE. 2, Box 161
Texarkana, Texas 75501
214/793-6561 Project Number: 2802

Mr. W. E. McGuire
Texarkana Independent School District
4241 Summerhill Road
Texarkana, Texas 75501
214/794-6686 Project Number: 0035

TEXAS (Continued)

Mrs. Totsie Ross
Texas City Independent School
District - Secondary Division
P. O. Box 1150
Texas City, Texas 77590
713/948-2521 Project Number: 2641

Mr. Ronald L. Nash
Community Action Committee of Victoria
City Hall
Victoria, Texas 77901
512/573-2401 Project Number: 2626

Mrs. Loraine Khoury
Waco-McLennan County Drug Abuse
Steering Committee
P. O. Box 971
Waco, Texas 76703
214/754-7746 Project Number: 2661

Senator **Hughes**. Mr. Carlucci, you mentioned that you thought 11 of the States had almost achieved the capacity to fly. Now, is that right?

Mr. **Carlucci**. That is the figure indicated; yes.

Senator **Hughes**. When do you figure all 50 of them will be ready to fly?

Mr. **Carlucci**. In response, I would like to have Dr. Nowlis talk about the progress in some of the other States. It varies a great deal; some of the issues are involved in getting the State people to talk with the State education people, and that is an issue which is very acrimonious in some States, and in other States we can anticipate rather rapid progress.

Dr. **Nowlis**. It is very difficult to predict; we will be a little bit hampered in that, because of our reduction this year, we will not be able to maintain our grants to State education departments, which form another network. In other words, we would have the network at the top, which works downward, and a network at the bottom which works upward. But we are working out ways to try to keep it up.

Mr. **Carlucci**. Let me add, Mr. Chairman, what we want to do, and this is consistent with the human resources philosophy that we have tried to follow, is to try to treat an individual as a whole. That is, not to provide him with an education piece and a health piece and an income-maintenance piece. We have made a concerted effort to try to put programs together at HEW, and a number of States are moving in this direction, and what we would like to do is to take the formula money that is essentially flowing through single State agencies in the health area, and say to the States: "You ought to be paying attention to the sociological aspects of this problem, the educational aspects of this problem, and let's get together and form a concerted strategy," because only when you form such a strategy can you deal effectively with what you describe in your bill as the problem of complex human behavior which is influenced by many forces. If you just gear it through one channel, whether it is a health model or education model, I don't think we are going to make progress as rapidly as we can if we deal with it as a human problem.

Senator **Hughes**. How can you require that the States use their formula grant money on an education program? By what means and by what law can you require this?

Mr. **Carlucci**. Well, this is one of the things where I think we have sufficient flexibility.

Senator **Hughes**. You mean to deny them formula grant money?

Mr. **Carlucci**. We can write guidelines suggesting how they spend the money.

Senator **Hughes**. The way the law is written, they would get their money whether they specify exactly that they will include this type of activity or not.

Mr. **Carlucci**. They have to come up with a general health plan, which we approve, and we can say that that State plan ought to include an education component.

Let me ask Dr. DuPont——

Senator **Hughes**. Well, I really would like to know what you are planning, because I want to take a look at the other laws and see that this thing is balanced.

STATEMENT OF DR. ROBERT L. DuPONT, DIRECTOR, SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION, AND NATIONAL INSTITUTE ON DRUG ABUSE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. DuPont. Senator, I would just follow up on what Mr. Carlucci has said, that the law is quite broad, and within broad categories the States can do what they want with the grant money.

My sense in talking in this regard to many of the State agency directors is that they put a very high priority on education and prevention activities. In most States they are no longer concerned with building treatment capacity in their State, but rather, they are interested in other types of activities, which are most attractive to many of them, aside from their own bureaucracies, which of course is the top priority. But the second priority is education in prevention.

In my judgment of that, as Mr. Carlucci says, we are going to watch very carefully the State plans, to make sure that that is given priority, but we have to respect the fact that the States do have the capacity to make their own priority judgments within broad categories, and we don't have the capacity to define the formula grant, and that is what we are trying to get away from, to let them have an increased capacity to set priorities themselves.

Senator Hughes. I am starting to get the picture. It looks to me like you are trying to use the formula grant money to replace the money that we have been giving directly—is that what it is?

Mr. Carlucci. There is an increase in formula grant funds. What we are talking about is our desire to try to get the States to do a comprehensive job in the area of drug abuse prevention and the area of alcohol abuse education.

Senator Hughes. I think we all agree on the goals we are trying to achieve. What I am trying specifically to find out is what you are trying to do to the administration, financing, and training in these programs, and whether you are trying to get out of the business completely, and if so, when.

If you have been told to do that, I would like to know it. If you have been—if it is your goal to do that, I would like to know when.

Mr. Carlucci. We are trying to get out of the business, of just information dissemination, but——

Senator Hughes. I understand but are you trying to get out of the business of specific Federal grants for projects in this field?

Mr. Carlucci. We do not intend to get away from providing resources to States to develop comprehensive programs which would include education components. We think that that is a better way to go than to go in separate categories to separate State agencies, saying to one agency: "You worry about education," to the next agency: "You worry about drug abuse from the perspective of health."

What we are trying to do is use the lever we have in block-grant money, and in reviewing State plans, to get them to join together and develop a comprehensive plan which would include education components as well as health components.

Senator Hughes. You intend to use the leverage of the formula grant money; in other words, if you have a State Education Department that won't talk to a State Health Department, and the Governor can't get them together, you are going to say: "Either write that into your program and get them together, or you are not going to get the money." Is that it?

Dr. **DuPont**. That's it.

Senator **Hughes**. That is in essence what I understand you are saying.

Dr. **DuPont**. Absolutely.

Senator **Hughes**. They need to come up with a comprehensive plan that contains the whole package, or you will not approve their plan, thereby effectively impounding their money.

Mr. **Carlucci**. We prefer not to use that term, Mr. Chairman; we have gotten away from it these days.

Senator **Hughes**. I deliberately used it. It was a preference of mine.

In other words, we'll impound one way or we'll impound another; is that it?

Mr. **Carlucci**. What you are talking about is, of course, the ultimate sanction, but as Dr. DuPont has indicated, we don't anticipate a great deal of difficulty in getting the States to move in that direction.

Senator **Hughes**. I hope not. I think the majority of them would be eager to do it if they can get the guidance to do it. How are they going to get the guidance to hold it together? A lot of them don't have the capacity alone.

Mr. **Carlucci**. Let me ask Dr. DuPont.

Dr. **DuPont**. Absolutely; that is an increasing priority. We have a very close liaison with these interstate agencies; in fairness to this case, it isn't quite that the Federal Government has all the answers and the States have none of the answers. It is a partnership, and many of the States feel that they have many better answers than we do, so we have to work in a very diplomatic fashion to try to pull our resources together to get the best product out of this.

But we are working quite closely with them. As you say, some of them have had no capacity, really, to develop a plan or any kind of program until recent months. Others, particularly California, as Mr. Carlucci mentioned, and New York, have bureaucracies that are larger and more experienced in many ways and have better capabilities.

Mr. **Carlucci**. Let me ask for Dr. Chafetz' comments on that.

STATEMENT OF DR. MORRIS E. CHAFETZ, DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. **Chafetz**. If I may, Senator, I think that one of the other issues that allows the alcoholism endeavor to reinforce this direction is our effort to use local pressure to bring about these kinds of endeavors by making contractural arrangements with the JC's, the PTA, the General Federation of Women's Clubs, and a number of organizations that operate at the local level, to reinforce this endeavor and see that educational programs develop. By the way, the single State agencies have, in the first year of our formula grant provisions, used 8 percent of their moneys for educational purposes; it comes to a total of $2.8 million out of $30 million.

Senator **Hughes**. Is that alcoholism alone?

Dr. **Chafetz**. Alcoholism alone.

I might add, Senator, when you talk about your particular situation in Iowa, I was touched because, while I would not presume to have the educational answers about drug abuse at hand, I would suggest to your colleagues that if they were to examine how they use alcohol perhaps in their own lives, that might be the most important preventive situation in how their children use alcohol and other drugs.

Senator **Hughes**. That's my line. I would like to get them all to examine that and get the neighborhood pushers out of business. Usually the very selective, fine father and mother, once a month have all the neighbors in and push all the booze down their throats they can, thinking it is a great affair. The kids observe the goings on, and don't see anything wrong with trying the other stuff.

Senator **Randolph**. Mister Chairman, I would like to agree with just exactly the words you used.

Senator **Hughes**. What I am really trying to determine, frankly, is whether you are trying to get the Federal Government out of the business.

Now, you say you don't have that goal. Yet you are trying to turn the responsibility over to the States, as I understand your goal; you are going to close down two more training centers, ultimately close down the five, and retain one in Washington. Is that it?

Mr. **Carlucci**. Mr. Chairman, we think that those closest to the scene, once they develop the capacity, are best equipped to deal with the problem, and to the degree that that capacity is developed at the State and local levels, then the Federal Government can withdraw from the scene.

It is a question of how we work over a period of time. We have shifting strategies to meet shifting needs, and we think that by using our formula grant program, we can push these in developmental centers because many States, as Dr. DuPont has indicated, are ahead of us.

But we would like to develop the kind of incentives that would move the State programs along, and once they are moving on their own, then the Federal Government can of course close these centers.

Senator **Hughes**. That raises two questions—the first is: How do you intend to do that? When you let a State go on its own, do you intend to have any more follow-through on that State?

Mr. **Carlucci**. In terms of evaluation?

Senator **Hughes**. Changing cycles of drug abuse and evaluation; as we all have learned in the last 5 years, if anything, these cycles are changing constantly.

Dr. **Nowlis**. We would hope very much to monitor, if we have that capability, and wherever necessary, give a refresher course. Now, this might not be a thorough training center; it might be materials, it might be through some regional conferences, for instance, pulling people from a group of States together for a 2- to 3-day working conference, to bring them up to date on what is happening, to introduce new techniques, and follow up in that way.

I would think there would need to be some sort of small, on-going problems related to drug and alcohol abuse are going to be on-going. There should be someone monitoring the developments in the drug scene, and some delivery system for putting new inputs into a response to a constantly changing format.

Senator **Hughes**. Senator Randolph?

Senator **Randloph**. Thank you, Mr. Chairman.

I note on page 10, Mr. Carlucci, of your prepared statement, that in the fiscal year 1975, regulations will emphasize education with—or, in prevention programs for alcoholism.

Now, if we are able to assure that emphasis, and certainly it should have the thrust that you indicated, if that is to be done in the future, I would feel that you would want legislative provisions—I think these are contained in S. 2848—which would help you to do exactly what you believe should be done. It would not be, let's say, a conflict with Federal and the other levels of Government activity; would it not be just a joint effort? Should we not write that into legislation, rather than to rely on the hope that you might encourage that it could possibly and hopefully come into being?

Mr. **Carlucci**. Senator Randolph, that would depend of course on what type of legislation you are talking about. If it is written into the general intent of legislation, that would certainly be consistent with our view.

On the other hand, if it was written into a piece of legislation that rigidly constrained our ability to develop new programs or to shift our resources to meet changing needs, or if it impedes our ability to relate education programs to health programs and maybe some other programs in the Federal Government as well, then we think that we are creating a problem rather than contributing to the solution. That is why we propose broad general authority, particularly since, in view of the dialog we have had with this committee, philosophically we are not far apart.

So with a broad authority and the continuing oversight of responsibilities by this committee, I think we can deal jointly and effectively with the problem.

Perhaps Dr. Chafetz would like to comment.

Dr. **Chafetz**. I think that in the alcoholism activities, the authorities in the comprehensive Alcoholism Prevention and Rehabilitation Act of 1970 to work with other agencies, as we have done both within the Department and the Office of Education and other Departments, provides us that kind of cohesive flexibility that we have wanted.

I think, Senator Randolph, that you are quite correct, that if we do not work together in this common problem, we will fail separately, and so we feel it is incumbent upon us not to be territorial, but to work with other agencies, as we have been, to affect the alcohol prevention situation.

Senator **Randolph**. I do not want to make reference to specific areas, but in our regional development programs, like the Applachian programs, as the chairman knows, and there are other sections of the country where we are operating within the "commission" concept, the concept is very real—the partnership is very real. The projects are developed within the framework of the States or areas within the States, and there is the action at the Federal level, through a cochairman and through those who of course work with that chairman in the various activities.

There is a final approval by the cochairman at the Federal level, but the projects do originate, not in any degree on Capitol Hill or within the administration downtown, but the projects come from the areas within the region or regions.

I don't think that example, frankly, is too far away from what I am thinking about here, because the concept of this type of federalism, I believe, is very sound, and the administration has so recognized, and in this coming year, indeed, is recommending—rather than lesser funding, greater funding.

I think it is because there has been a proven success; now, these are not just roads being built, these are programs that have to do with health matters and so on. So there is, I think, some reason why we should give emphasis to a program that has worked.

Are you familiar with that?

Mr. **Carlucci**. I am familiar with it from one aspect, Senator Randolph. A year and a half ago, the President sent me up to supervise a Federal disaster relief operation in Pennsylvania, after Agnes, and, as I recall, we did work closely with the operation that you have mentioned and pulled their programs together with other programs that we were following, and I think we had a very satisfactory arrangement.

Senator **Randolph**. Well, you know about the clinics, do you not, that have been brought into being—both mobile and stationary? The Southern Regional Health Council includes representation from nine counties. It has really gone into the countryside, the rural sections and helped the children who, frankly, didn't understand the need for brushing of their teeth, care of their mouths.

This was done, not from Washington, D.C. It did function first as a concept there, and then was aided here.

Mr. **Carlucci**. That is fully compatible with the philosophy that we are developing and the general philosophy of the administration.

One of the problems in implementing this philosophy, though, is a tendency in legislation to create vertical hierarchies of agencies, so that we have a single State agency for social services, a single State agency for vocational rehabilitation, a single State agency for the aging, a myriad of single State agencies, and when you get there and talk to the Governor, he says: "I can't pull these programs together in the different single State agencies because of the different Federal requirements, the different eligibility requirements, the different State plans, the different audit requirements." Therefore, it becomes very hard for people at the local level to develop a comprehensive human services approach as long as we persist in looking at each problem as a vertical slice of the human being.

We would like to reduce these so that local people can develop the kinds of programs that you describe.

Senator **Randolph**. Thank you very much; thank you, Mr. Chairman.

Senator **Hughes**. Could you give us the precise increases of the formula grants in 1974–75 which you believe would be used for purposes of prevention?

Mr. **Carlucci**. In terms of drug abuse in budget authority, the figure goes from $25 million to $35 million; in terms of outlays, it goes from $124 million to $148 million. The concerns of alcoholism—

Mr. Chairman, is your question which part of this is going to prevention, or what is the increase in the formulas?

Senator HUGHES. Prevention.

Mr. CARLUCCI. We would not be in a position to give you that figure until we have seen the State plan under the various formula grants, how they would break out the allocation of block grant formula funds. We haven't funded these plans for drugs; we would have some good breakout in alcoholism that Dr. Chafetz can give you.

Dr. CHAFETZ. As I indicated, in the first year of operation, for which appropriations came late in the fiscal year, 8 percent of the formula grant, $30 million at that time, was used for education purposes by the States.

However, if I understood your question, that beyond the formula grant, the alcoholism endeavor is spending a little better than $6 million for educational purposes from a total outlay.

Senator HUGHES. Could you tell me, Mr. Carlucci, if the Office of Education is planning to discontinue all community action programs, including the drug abuse education programs?

Mr. CARLUCCI. Are you talking about the community action programs presently in function under OEO?

Senator HUGHES. Let me read the statement.

> As you probably know, HEW's Office of Narcotics Education is planning to discontinue all community action programs as of July 1, 1974.

Now, what does that mean?

Dr. NOWLIS. As you know, the original Drug Abuse Education Act had two sections: section 3, which was primarily formal education personnel development; and section 4, which was community-based programs. At the time that funds became available for that Act, we funded on a pilot demonstration validation basis, 57 community or local school district community projects.

We funded these for 3 years as demonstration projects and the community people knew that 3 years was their life expectancy. We have no plans at this time in the agency to continue to fund community programs. A program that operates at the funding level we operate at can not really be a local support program. You would almost have to go to, I think Congressman Pepper's suggestion was $500 million, if you were going to support programs or that level.

Senator HUGHES. How much have you been spending on this program?

Dr. NOWLIS. We have been spending about $6 million; it varies from year to year.

Senator HUGHES. A leap from $6 million to $500 million makes people think they are getting helped quite a bit.

Dr. NOWLIS. No. The point is that everywhere we have been they have been helped quite a bit. In 1970, when we put out guidelines, we had 900 applications for $75 million. If we were to do it today, I would predict that we would have a minimum of 2,500 applications asking for many more millions of dollars.

Senator HUGHES. Do you think that is bad?

Dr. NOWLIS. No. In the fact of that need, it is very, very difficult to be able to fund only 50–60 projects out of 50 States and 5 territories. It is very difficult to justify continuing the support. We have made every effort to give them all kinds of help in developing local support.

Senator **Hughes**. What do you mean, in developing local support? Their own financial resources?

Dr. **Nowlis**. Their own financial resources.

Senator **Hughes**. In other words, because the need is too great, we are not going to do anything.

Mr. **Carlucci**. Mr. Chairman, this is a problem we frequently get into when we start a demonstration program. We show the community some of the techniques in development in certain models, and the pressures automatically build up and then reach the point where you have to say: "Well, if we go national on this program we will eat up a vast amount of resources which will take resources away from some other priorities."

Now, what we try to do is to figure out the appropriate Federal role and we find that where we get into the direct service delivery business in individual communities, the Federal Government actually comes in and funds those projects, and it often turns out to be inequitable and sometimes does not respond. It is inequitable in the sense that we don't have the resources to do it in every community. If we were to fund HEW's service delivery programs indefinitely in every community, our budget would be perhaps $250 to $300 billion instead of $100 billion as it is now. So when we fund a demonstration project, inherent in the project is the fact that it is time phased, and that a community would have to pick it up if they find that the models would not work.

Dr. **Nowlis**. May I add, we use successful practices derived from these programs in the training centers to disseminate the models, but there is hardly a community in the country that does not feel that it has a drug problem and wants to respond to it.

In the face of very limited finances, the best thing we could figure out to do was to help communities help themselves, and I can provide for you some data that will indicate that it can work.

Senator **Hughes**. Well, what you are saying is that the programs have been very successful, have they not.

Dr. **Nowlis**. Some of them have been very successful and some of them have not.

Senator **Hughes**. Do you have any guidelines now about what the success rate has been?

Dr. **Nowlis**. It is very difficult to determine.

Senator **Hughes**. I am having difficulty reconciling what you are all saying, because what you seem to be saying to me is that you have been spending $6 million on demonstration programs for 3 years, and this has been a tremendous need in these areas.

Now these programs will be discontinued by July 1. The formula grant increase will be approximately $10 million. By your own words, you had applications of about $75 million and could only spend $6 million, and the need is growing to where you said the need would be $200 to $300 million. Now when the need increases, we give them nothing in the future instead of even the $6 million.

I can't reconcile this either on the ability of the Federal Government or the State government or the local governments. I am trying to figure out where we are going with these programs, if anywhere.

Dr. **Nowlis**. I think in terms of reasonable expectations, being a realist, that however, many thousand communities there are in the

States and territories, they cannot simply expect to have Federal support in this area.

In other words, I do not see a commitment by the Federal Government, whether you are going to talk about the Congress, or the society it represents, or the administration, actually to fund this.

And I also have a strong personal feeling that it isn't money we need; it is participation, it is knowledge and it is skills. I have here, for instance, one of our writeups of a grantee, where the total money involved is $600, and they operate a very extensive program.

Senator **Hughes**. Well, my experience with the minigrant programs in Job Corps, which Mr. Carlucci is familiar with, taught me to realize that those disappear, too.

Mr. **Carlucci**. Mr. Chairman, responding to the comment you made, I think there are three different types of things that we are talking about.

We are talking about the community demonstration programs, the purpose of which is to develop a model to see if something works or does not work, and once the demonstration period is over, it is up to the local community to decide whether they want to continue with the model. It usually is up to other communities to look at these models and see if they want to utilize them.

The second aspect is the "Help Communities Help Themselves." There we are training the multidisciplinary teams. There we are saying that those should be continued under the consolidated authority, Special Projects Act, when we work that bill out, until the States develop the capacity to pick up this kind of training on their own.

The third program is a program where we help the States develop that capacity and see that they are paying proper attention to drug abuse education programs in their comprehensive State plans. It is that part for which we are talking about utilizing the formula grants.

Senator **Hughes**. Well, I think I get the picture, but I don't like what I see. I guess we cannot reconcile that just by discussing it.

If I understand you correctly, as I listen to your testimony this morning, we have made a start. We have gone through a drug and alcoholism crisis which is building up. We have peaked out hopefully on heroin but other drug abuse, particularly alcohol and polydrug abuse is increasing.

You established eight training centers to train some sort of regional teams, who would then be used in the local communities to train the personnel there to reach the people, wherever they might be, out in the country, or the cities or wherever.

You have your—what you call the "demonstration" grants that we were just discussing here, which will be abolished as of July 1, 1974.

You are going to abolish gradually the regional training centers, from seven to five, and then from five to nothing in the future, if I read the trend. When there are no longer any training centers, then you are going to insist on a component in the formula grant to replace this. This will then be a sort of a revenue-sharing program not intended in the beginning, perhaps, but resulting in the Federal Government saying to the States:

> "Out of this you take over everything that we have been doing; we'll maintain here in Washington some sort of a center to provide you with information, furnish personnel for regional

> conferences to update you and get you together, professionalize your personnel and put you on your own, other than that sort of advice and counsel, for the future."

If I grasp the picture, that is what it looks like to me.

Mr. **Carlucci**. Well, there is a very important qualification in that, of course, and that is that the States develop the capacity to handle it. We don't accept the assumption that because there is a problem the Federal Government is the best or only one to solve it.

In fact, and especially in this case, we think that if people closest to the scene can develop the capacity, they can do a better job than the Federal Government, and what we are trying to do is enhance that capacity.

Senator **Hughes**. I want to say to you that I don't disagree with that theory; I wish everybody could handle his problems at home, you know. But they have demonstrated almost universally that they haven't that capacity in this field.

Mr. **Carlucci**. But we think the States, by and large, are moving rather well, and with continued assistance from us we can, in effect, get from here to there, and it will result overall in a better program than you would get from the Federal Government moving into the direct service delivery business in every community throughout this country.

Senator **Hughes**. Well, no one of us wants that. What we want to do is reach some reasonable compromise between the Congress and the administration, and also the competing philosophies that exist here. Because they are competing philosophies. In the struggle that exists, I hope we reach a solution which will reconcile us.

Would you tell me how will you finance this nationwide demonstration program?

Mr. **Carlucci**. The community-based program?

Dr. **Nowlis**. I am not sure what you mean, other than our Help Communities Help Themselves.

Senator **Hughes**. Yes; that is what I want to know. How are you going to finance that?

Dr. **Nowlis**. Oh. We will finance the five training centers, 200 in-school teams, and 270 school-community teams out of our fiscal 1974 moneys. The Special Action Office has transferred to us $1 million to field-test and to add 75 school teams to those 200 that we will be funding.

Senator **Hughes**. Well, in the 1975 budget, there seems to be no funds requested under the act, but the special budget analysis document shows that the Office of Education will be spending $8 million in 1975 for drug education.

Mr. **Carlucci**. That is the difference between budget authority, which is the request to the Congress, and money actually spent, which flows out in the subsequent fiscal year.

Senator **Hughes**. I hope someone understood that; I didn't. Was that the impounded funds?

Mr. **Carlucci**. No, sir; it was not the impounded funds. The budget document is always developed in terms of outlays, which is, in effect, the way the money is actually spent. A budget authority—the budget—is the request to Congress for money. Budget authority, when it is voted by Congress, and then when the money is appropriated, is translated into expenditures.

But that is a process that runs over a period of time. So you could well have a program where no budget authority is requested in 1975 of the Congress yet money from the previous year is still being spent.

Senator HUGHES. Still a program from the previous fiscal year?

Mr. CARLUCCI. That is right. We may not get around to spending money until very close to the end of the fiscal year. It then goes to a State agency and maybe to a local agency, and it may well sit in their bank account over a period of years. Generally we find that in these programs, in the aggregate, about one-third of the money authorized by Congress is spent in that fiscal year, with the rest of it releasing out in subsequent fiscal years.

Senator HUGHES. I would like to submit some questions to you in writing. It is not clear in my own mind; I can understand the obligational authority and the fact that you don't commit the money and it carries over, but I would like to get a little finer detail for the staff here to work out some of these questions in relation to that spending.

Mr. CARLUCCI. In the area that we are talking about today, there was no so-called impoundment. There was some impoundment of alcoholism money, and those funds are now being released.

Senator HUGHES. Well, they should be; we have an increased load of alcoholism as a result of the impounding, probably, so we are going to need more.

Well, I think I will call it quits, ladies and gentlemen. I could go on, I guess, interminably about these matters.

I think I generally understand the directions you are going. We will hold the record open for a few days to submit more technical questions to you that the staff has. Due to the lateness of receipt of the testimony, I was unable to prepare myself properly. But I think we have done as well as we can under the circumstances.

If you have anything you would like to give me in addition to what I have asked, please do. Or do you just feel lucky to be going away? Have I overlooked something?

Mr. CARLUCCI. Well, Mr. Chairman, though philosophically we may seem to be far apart; from what I have heard here I think we are not that far apart.

Senator HUGHES. I don't think we are far apart; I think we are pretty close on this. But the question is the timing, the direction, the lead, and the followthrough, and a lot of other technical details that are your obligation to work out and ours generally to give you the latitude to be able to work out.

But by the same token, it is my obligation to prevent you from terminating programs that I think are essential, no matter what you think about them, just as it is your obligation to terminate them, if the administration wants to terminate them You understand the conflicts as well as I do, and on some of these points we are going to disagree. That is all there is to it.

I wish you well, but not too well.

Mr. CARLUCCI. Thank you, Senator.

[The prepared statement of Mr. Carlucci and a letter to him from Senator Hughes follows:]

FOR RELEASE UPON DELIVERY

Statement by
Honorable Frank C. Carlucci
Under Secretary of Health, Education, and Welfare
Before the
Subcommittee on Alcoholism and Narcotics
Committee on Labor and Public Welfare
United States Senate
Thursday, February 7, 1974
10:00 a.m.

The Under Secretary is accompanied by:

Mr. Robert C. DuPont, Director-Designate, National Institute on Drug Abuse
Dr. Morris E. Chafetz, Director, National Institute on Alcohol Abuse and Alcoholism
Mr. Charles M. Cooke, Jr., Deputy Assistant Secretary for Legislation (Education)
Dr. Helen Nowlis, Director, Office of Drug Education/Health and Nutrition, OE

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to be here this morning to discuss the activities of the Department of Health, Education, and Welfare and the Special Action Office for Drug Abuse Prevention in the area of alcohol and drug abuse education and the various legislative proposals before this Subcommittee which relate to these activities, H.R. 9456, S. 1845, and S. 2848.

Administration Position on Drug Abuse

As a basis for an informed discussion of the bills before this Committee, I would like to describe the drug and alcohol abuse prevention and treatment activities of the Federal government.

This Administration has done more than any before it to provide for treatment of drug abuse and for the prevention of drug abuse in this country. Total spending for treatment and prevention activities in the drug field has increased eleven-fold from 1969 to a total spending level of $460 million proposed for Fiscal Year 1975 in the President's budget now before the Congress. These outlays are in addition to law enforcement activities for which spending is proposed at $293 million for Fiscal Year 1975.

These activities have included the development and dissemination of new techniques in the educational field to prevent drug and alcohol abuse.

With regard to the educational efforts which are the subject of the bills now before this Committee, the Administration believes they can best be handled at the local level by those who are closest to the problem and who are primarily responsible for designing, operating, and financing elementary and secondary programs. We believe that the Federal government can and should play a vital role in assisting State and local education agencies by gathering the best ideas; developing and demonstrating the best techniques; and making these techniques known so that they may be implemented under the sponsorship of State and local education programs.

At this point, I would like to discuss briefly the philosophical framework within which Federal drug and alcohol abuse activities are being conducted.

Over the past few years there has been substantial support for various types of drug abuse information programs in the belief that knowledge of the adverse consequences of drug abuse would be effective in discouraging drug abuse. To date, the lack of evidence to demonstrate that this information approach is effective has been discouraging. For example, the National Coordinating Council for Drug Education reviewed 212 Drug Abuse Information films, film strips and slides for their scientific accuracy and their propriety for drug abuse education programs during 1971-73. Only 15 of these films were found to be adequate for use in drug abuse education programs. Similarly, there has been little to indicate that public and mass media efforts as currently structured have had substantial impact. In addition, there are a few studies suggesting that some drug education programs based on the dissemination of information about drugs and drug abuse may actually stimulate interest in drugs.

Simply stated we do not equate education with information or learning with teaching. In administering the Drug Abuse Education Act, for instance, the Office of Education has not supported the purely informational programs that are now in question. Rather it has designed a research and demonstration program consistent with the best knowledge available about learning, about motivation, about growth and development, about effective teaching and about communication and persuasion. Prevention in any real sense can be accomplished only by defining drug abuse as complex human behavior.

Proceeding from the assumption that alcohol and drug use and abuse are viewed as complex human behavior, three important, widely accepted assumptions about all human behavior must form the basis of strategies designed to predict or modify any behavior. No behavior persists which does not serve some function, real or imagined; all behavior is determined by a combination and interaction of physiological, psychological, social, and cultural forces; both the functions which behavior serves and the pattern of forces that shape or sustain that behavior vary from individual and from group to group.

These three factors, among others, dictate that there cannot be any single approach to drug use and drug abuse. Different individuals use different substances, in different patterns, for different reasons, under different circumstances.

Depending on community and culture, the primary intervention agent may be the family, the schools, the community, or youth themselves. The most important factor in solving any problem is defining that problem realistically and assessing the human, cultural, and financial resources available to respond to the problem so defined.

Pending Bills

H.R. 9456, which was passed by the House of Representatives on October 30, would extend for three years the Drug Abuse Education Act of 1970, and would authorize a total of $90 million over a three-year period. The first $6 million of a total of $26 million to be appropriated in this fiscal year would be used by the Secretary of Health, Education, and Welfare to fund drug abuse education programs under Section 3 of the Act; the next $5.6 million would be allotted to State education agencies for the purpose of assisting local educational agencies in planning, development and implementation of drug abuse education programs; additional funds would be available to the Secretary of HEW to fund community education projects, and to the State education agencies on the basis of population.

S. 1845, introduced by Senator Bayh of Indiana, closely parallels the present law, but in addition includes a requirement for thorough and independent evaluation, at least annually, of all drug abuse education projects and all community education projects funded under the Drug Abuse Education Act of 1970.

Both of these bills are narrow and categorical in nature. In addition, H.R. 9456 includes rigid appropriations priorities which serve to place an unwarranted emphasis on the development and dissemination of curriculum and informational materials, approaches which have not proved to be productive. We prefer a broad and flexible approach given the complexity of the problem in order to meet State and local needs.

This is the kind of approach suggested in S. 2848. We urge, therefore, that this Subcommittee not take favorable action in regard to H.R. 9456 or S. 1845.

As you all are aware, the President has not requested any funds in the FY 75 budget for the Drug Abuse Education Act. As we have testified previously before the Congress, there is much ambiguity involved whenever anyone tries to determine conclusively which approaches to alcohol and drug abuse work and which approaches are unproductive. Under these circumstances, we do not believe that funds expended under a narrow categorical program such as the present Drug Abuse Education Act can be justified.

However, we believe that the philosophy and implementing activities of the Administration's policy of alcohol and drug abuse education are basically compatible with the concepts embodied in S. 2848, the "Alcohol and Drug Abuse Education Amendments of 1974," as introduced by Senator Javits and co-sponsored by the Chairman of this Subcommittee, Senator Hughes, and by the Chairman of the full committee, Senator Williams, Senator Dominick, Senator Cranston and Senator Beall. This legislation not only places emphasis on training teachers and community personnel in the kinds of early intervention techniques that have proved to be effective in a number of programs across the country but contains sufficiently broad authority to permit any approach which may be effective in a given situation. The bill, which would authorize comprehensive demonstration programs, is sufficiently flexible and comprehensive to permit approaches to alcohol and drug abuse education which focus on the causes of abuse and the development of creative primary and early intervention programs. Funds could be used for inservice and preservice training of educational personnel, recruitment and employment of professionals for the programs, technical assistance to local school districts, evaluation of programs, and dissemination of valid and effective drug abuse education programs.

We are prepared to support the approach contained in S. 2848 if it is incorporated into a program consolidation proposal similar to the proposed Special Projects Act in S. 1539. States are now moving more and more effectively in this area. This format would allow us to continue the training centers until States have demonstrated the capacity to assume responsibility for them. Given the progress to date, we do not think this will be too far off.

Current Federal Drug Abuse Efforts

Let me now discuss our efforts with State and local school districts to deal with problems of drug abuse.

The Special Action Office for Drug Abuse Prevention is operating a formula grant program under section 409 of P.L. 92-255 under which the States must develop comprehensive State programs which deal with all aspects of the response to drug abuse. The Department expects in its 1975 guidelines to place greater emphasis on inclusion of prevention and education as part of the State's comprehensive plan. In addition, the

Special Action Office is cooperating with the Office of Education to develop a nationwide demonstration program in Fiscal Year 1974 to train teachers and community personnel in adapting drug education and prevention techniques derived from several highly successful programs, such as the SPARK program in New York City, to their own needs. The SPARK program provides principles rather than specific models that can be applied to the drug and alcohol abuse problems of communities throughout the nation. In Fiscal Year 1974 the Special Action Office will commit to the Office of Education $1 million from the Special Fund [section 223] authority in P.L. 92-255 to assist in the implementation of this new program.

The purpose of the new program is to provide training and technical assistance to school-based and community-based teams so that they will be better able to address the needs of youth as they relate to drug abuse. More specifically, it will be the goal of the school team approach to develop school-based early intervention programs for secondary students [grades 9-12]. The specific goal of the community team approach is to catalyze community resources. The end goal of both program components is to prevent self-destructive behavior, particularly drug abuse behavior, among youth or to intervene at an early stage to prevent or alter this behavior.

As you know, Mr. Chairman, the National Institute on Drug Abuse, established in September 1973, pursuant to P.L. 92-255, is in the process of assuming most of the programmatic responsibilities for drug abuse prevention and treatment now exercised by the Special Action Office and

and HEW. With specific regard to drug abuse education, the Office of Education will assume initial primary responsibility for the development of school-based education and prevention programs through the training of teams at their regional training centers. The National Institute on Drug Abuse plans an evaluation of training activities currently being conducted by the Office of Education.

In the three years it has administered the Drug Abuse Education Act, the Office of Education has had a three-pronged approach for the implementation of our basic philosophy. The first objective has been to increase the response capability of the schools, both to students and parents, by providing for the training of school/community personnel through 55 State and territorial education agencies. The second thrust is aimed at those young people not in schools, or sufficiently alienated so that school programs have little impact on them, through the support of 57 demonstration school/community projects. A third prong has been to increase the community's capacity to deal with the problem in ways which reflect the specific needs of that community.

The Office of Education, therefore, views its mission as helping institutions, primarily State school systems and their local communities, to identify and understand drug abuse behavior and its causes and to develop the skills needed to make their institutions more responsive. To the degree that these institutions become more responsive, and progress has been good, the Federal government can move from a direct financing approach to more general forms of support.

In keeping with this strategy, in Fiscal Years 1972 and 1973 OE has trained interdisciplinary leadership teams representing all segments of a community in skills to assess their problem and their financial, human and cultural resources, a thorough understanding of drugs, drug use and the dynamics of the drug scene, skills in communicating with each other and with young people, exposure to a wide variety of materials and techniques, and training in skills in evaluating them and selecting those most appropriate as tools in solving their carefully defined problem. In order to facilitate their access to local community resources, upon return, it is expected that the teams will work in close cooperation with the local authorities. By March 1974, over 1,700 community teams will have been trained at eight regional training and resource centers under this Help Community Help Themselves program.

The experience gained from the last two years will be applied in Fiscal Year 1974 to the new school-based drug abuse prevention and early intervention program. At the same time support for community based teams will be continued with the exception that even closer linkage between schools and their communities will result.

The entire program is committed to a timely and comprehensive evaluation of its efforts.

The National Institute on Alcohol Abuse and Alcoholism was established within the National Institute of Mental Health by the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970", P.L. 91-616. As the primary focal point for Federal activities in the area of alcoholism, the Institute has responsibility for formulating and recommending national policies and goals regarding the prevention, control, and treatment of alcohol abuse and alcoholism, and for developing and conducting programs and activities aimed at these goals. The program of State formula grants authorized by P.L. 91-616, a $45 million program in FY 1975, will be modified in FY 1975 regulations to place greater emphasis on education-related prevention activities.

In addition, the National Institute for Alcohol Abuse and Alcoholism established, during Fiscal 1973, a National Center for Alcohol Education, where leaders in a variety of fields--business executives, mayors, governors, and health providers working in the alcohol field--may come together to discuss the issues and develop more effective approaches to alcohol abuse and alcoholism. The Center also includes an experimental educational laboratory for educating alcoholism program practioners and educators; a resident scholar program in which distinguished behavioral experts develop scholarship and multi-disciplined professional expertise in the field and a resident fellowship program for recently graduated behavioral scientists. It also serves as a model for the development of regional centers. In addition, the Center intends to undertake a comprehensive survey of public and private education and training programs related to the delivery of services in alcohol abuse and alcoholism. The results of this survey could identify effective program components, as well as areas of need, which could influence future Federal mental health policy initiatives.

Summary

In summary Mr. Chairman we believe there no longer exists a need for separate legislation such as the Drug Abuse Education Act of 1970. We believe drug abuse education activities can best be carried out through:

1. The State formula grant programs administered by the National Institute of Drug Abuse and the National Institute for Alcohol Abuse and Alcoholism; and
2. Drug abuse education authority such as that contained in S. 2848 as a part of a consolidated innovative program package.

We are looking forward to continuing our cooperative effort with the Senate Committee on Labor and Public Welfare to develop necessary solutions to drug and alcohol abuse in this nation.

HARRISON A. WILLIAMS, JR., N.J., CHAIRMAN
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United States Senate
COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. 20510

February 14, 1974

The Honorable Frank C. Carlucci
Under Secretary of Health, Education and Welfare
Washington, D. C.

Dear Mr. Carlucci:

As I indicated to you during your appearance before the Subcommittee on Alcoholism and Narcotics on February 7, I would appreciate having, for the record, more detailed information concerning the amounts which have been obligated from funds appropriated under the authority of the Drug Abuse Education Act.

The Fiscal 1975 Budget requests no funds for continuation of the Drug Abuse Education Act and states that Federal support of the programs funded under this Act will be discontinued at the end of 1974. Yet, the Special Analyses of the Budget indicates that $8 million will be spent by the Office of Education for this purpose in Fiscal 1975. If I understood your testimony correctly, this $8 million is from funds appropriated for prior fiscal years but not expected to be expended until Fiscal 1975.

From Fiscal 1971 to the present, $36.8 million has been appropriated under the authority of the Drug Abuse Education Act. Could you let me know how much of the appropriation was actually obligated and how much was expended or is to be expended in each Fiscal Year?

What funds have been transferred to the drug education program of the Office of Education from other sources (either within or outside the Department)? Will any of these funds continue to be available for obligation beyond Fiscal 1974?

Please provide me with a list showing the amount of Federal funds provided under this Act to each State in each Fiscal Year.

If you have the information available, I would appreciate knowing how much money has been obligated by each state (from state funds) for drug abuse education programs since 1971, and what indication the Department has concerning the plans of individual states to obligate funds for this purpose.

I appreciated your willingness to testify before the Subcommittee. Your testimony and that of your associates was most helpful to me and the other members and staff in understanding the Administration's position.

With sincere good wishes,

HAROLD E. HUGHES
Chairman, Subcommittee on
Alcoholism and Narcotics

HEH:me

THE UNDER SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

APR [illegible]

Honorable Harold E. Hughes
Chairman, Subcommittee on
Alcoholism and Narcotics
Committee on Labor and
Public Welfare
United States Senate
Washington, D. C. 20510

Dear Senator Hughes:

Thank you for your letter of February 14 requesting additional information about funding under the Drug Abuse Education Act (P.L. 91-527). Please accept my apology for the delay in this response.

I shall reply to your questions and requests for data in the order in which they appear in your letter.

In the fiscal year 1974 HEW Appropriation, $6 million has been allocated to the Drug Abuse Education Act. With the authorized five percent reduction, this amounts to $5.7 million. This has been supplemented by $1 million transferred to the U.S. Office of Education by the Special Action Office for Drug Abuse Prevention under Section 224 of P.L. 92-255. The total, therefore, available to the Office of Education for the Program in fiscal year 1974 is $6.7 million.

The $6.7 million will be obligated this fiscal year (1974) but for programmatic activities which will actually take place in fiscal year 1975. The obligation of funds in one fiscal year and expenditures in the next has been standard since the program's inception. It is a reflection of the fact that appropriations have been received too late in a given year to mount activities in that same year.

For your information I have enclosed, as Appendix A, a funding history for the Program which indicates appropriations, obligations, and expenditures. You will note that practically all of the funds appropriated under the Drug Abuse Education Act will be spent by FY 1976. The $8 million expected to be expended in fiscal year 1975 consists of $4.7 million from 1974 obligations and $3.3 million in unexpended obligations from prior years.

The transfer of $1 million in fiscal year 1974 funds from the Special Action Office for Drug Abuse Prevention, referred to earlier in this reply, has been the only transfer of funds to the Program. It is not possible to say at this writing if any transfers from other sources might be available beyond Fiscal Year 1974. In addition, although it is not technically speaking a transfer, in Fiscal Year 1971 the Program administered $1.3 million of projects supported under Section 306 of Title III, ESEA. Support for these projects was assumed beginning with Fiscal Year 1972 under Drug Abuse Education Act funding.

Appendix B will provide you with a breakdown of funds going to each State during the three-year history of the Act.

You have requested data on the amount of money obligated by each State from State funds for drug abuse education since 1971. This information is not available in the Department but would have to be obtained from each State. Appendix C, however, will give you information, as reported to the Office of Education by State educational agency personnel, about State funds which have been generated to supplement the activities of USOE-supported projects in many of the States. Since not all States responded to this request for information, the data is unfortunately incomplete.

With regard to the plans of individual States to obligate funds for drug abuse education in the future, I can assure you that this Department will make a vigorous effort to ensure that drug abuse education is given adequate support in the State Comprehensive Plans to be submitted for review by each State under provisions of Section 409 of P.L. 92-255.

Sincerely yours,

/s/Frank C. Carlucci

Frank C. Carlucci
Under Secretary

Enclosures

COPY

Appendix A

APPROPRIATION HISTORY

Drug Abuse Education Act of 1970

Fiscal Year	Appropriated	Obligated	Expended 1/
1971	$ 6,000,000 2/ *	$ 5,901,000 (FY'71)	$ 196,000
1972	13,024,000 3/ *	13,022,000 (FY'72)	6,916,000
1973	12,400,000 4/	12,322,000 (FY'73)	11,936,000
1974	5,700,000	5,700,000 (est.) 5/	8,435,000 (est.)
1975	—	—	8,000,000 (est.)
1976	—	—	1,000,000 (est.)
Total	$37,124,000	$36,945,000	$36,483,000

1/ With the exception of fiscal year 1971, this column shows cumulative expenditures in one fiscal year which includes expenditures against prior year and current year obligations.

2/ The program administered an additional $1.2 million in ESEA Title III funds which are reflected in the figures for fiscal year 1971 in Appendix B.

3/ This figure includes headquarters administrative expenses which are excluded on the State table in Appendix B.

4/ Includes $600,000 originally obligated to NIMH but not used. This is not included in Appendix B.

5/ Estimated obligations. Obligations to date are none. This forward funded program will be obligated in the fourth quarter.

*Includes administrative expenses of $296,000 in 1971 and $534,000 in 1972.

Funds Allocated to States Under P.L. 91-527 — FY '71 - '73 APPENDIX B

		FY 71	FY 72	FY 73		
	TOTALS					
10	Alabama	33,650	80,224	123,896		
11	Alaska	65,200	98,631	102,397		
12	Arizona	66,600	93,652	80,833		
13	Arkansas	111,200	142,442	119,200		
14	California	726,800	1,424,940	1,137,985		
15	Colorado	166,850	200,615	155,346		
16	Connecticut	106,500	585,012	515,461		
17	Delaware	23,200	25,992	23,483		
18	District of Columbia	173,200	397,619	103,124		
19	Florida	174,600	550,212	577,492		
20	Georgia	138,500	194,917	132,665		
21	Hawaii	23,200	37,456	81,225		
22	Idaho	55,200	69,906	69,291		
23	Illinois	217,650	744,929	718,513		
24	Indiana	143,400	179,635	177,424		
25	Iowa	28,000	56,504	57,053		
26	Kansas	25,000	48,200	89,493		
27	Kentucky	30,850	41,223	34,579		
28	Louisiana	36,250	63,300	82,269		
29	Maine	55,200	84,967	73,001		
30	Maryland	174,450	180,055	144,580		
31	Massachusetts	80,250	165,506	364,584		
32	Michigan	377,700	420,960	240,427		
33	Minnesota	77,150	594,578	554,026		
34	Mississippi	67,750	95,401	104,361		
35	Missouri	38,750	84,011	99,994		
36	Montana	92,700	126,962	145,492		
37	Nebraska	101,200	132,023	107,180		
38	Nevada	121,200	130,188	137,499		
39	New Hampshire	35,000	50,346	68,759		
40	New Jersey	81,000	191,434	129,062		
41	New Mexico	101,200	116,703	99,999		
42	New York	1,326,110	1,913,567	2,144,043		
43	North Carolina	43,550	107,253	151,593		
44	North Dakota	83,200	95,262	78,553		
45	Ohio	447,000	535,382	241,283		
46	Oklahoma	25,700	49,586	92,525		
47	Oregon	121,200	141,606	110,614		
48	Pennsylvania	97,200	176,992	138,795		
49	Rhode Island	23,200	39,562	84,912		
50	South Carolina	148,550	190,409	211,143		
51	South Dakota	106,200	117,401	91,041		
52	Tennessee	35,000	42,802	51,910		
53	Texas	162,300	665,679	696,801		
54	Utah	23,200	41,979	98,658		
55	Vermont	67,200	76,313	66,028		
56	Virginia	179,700	185,193	89,994		
57	Washington	192,300	311,548	295,529		
58	West Virginia	34,200	41,713	25,653		
59	Wisconsin	92,350	122,050	182,665		
60	Wyoming	22,200	38,662	39,382		
61						
62	American Samoa		10,000	10,000		
63	Guam	14,000	14,000	23,666		
64	Puerto Rico	109,350	112,122	108,985		
66	Virgin Islands	47,042	49,709	30,462		

STATISTICAL WORK SHEET OE 8004 (rev. 4-66)

1/ Also includes $1.2 million from ESEA Title III in fiscal year 1971.

State Funds Used to Supplement USOE-Supported Projects

APPENDIX C

		1971	1972	1973*		
	TOTALS					
10	Alabama		146,900	58,867		
11	Alaska					
12	Arizona	282,000	225,000			
13	Arkansas					
14	California	61,050	1,800	5,666		
15	Colorado	240,000	2,499			
16	Connecticut		87,108			
17	Delaware	45,000	23,000			
18	District of Columbia					
19	Florida	76,400	52,000			
20	Georgia					
21	Hawaii					
22	Idaho					
23	Illinois		89,000	1,600		
24	Indiana					
25	Iowa					
26	Kansas	88,000	18,475			
27	Kentucky					
28	Louisiana			30,000		
29	Maine	56,481	80,090			
30	Maryland	47,950		11,000		
31	Massachusetts			13,000		
32	Michigan		302,875			
33	Minnesota	26,620	1,000			
34	Mississippi			1,941,215		
35	Missouri					
36	Montana		2,440			
37	Nebraska					
38	Nevada		5,000			
39	New Hampshire	9,000				
40	New Jersey		30,250	26,800		
41	New Mexico	22,793				
42	New York	25,000	325,004	291,512		
43	North Carolina					
44	North Dakota					
45	Ohio		129,025	84,500		
46	Oklahoma					
47	Oregon					
48	Pennsylvania					
49	Rhode Island					
50	South Carolina		164,750			
51	South Dakota					
52	Tennessee					
53	Texas					
54	Utah		1,000			
55	Vermont		6,740	6,500		
56	Virginia					
57	Washington		130,178	49,842		
58	West Virginia					
59	Wisconsin		2,000			
60	Wyoming			329		
61	U. S. Service Schools					
62	Canal Zone					
63	Guam					
64	Puerto Rico	199,709				
66	Virgin Islands		27,000			

STATISTICAL WORK SHEET OE 5004 (REV. 4-66) *Still Receiving 1973 Data

Senator HUGHES. Doctor Thomas Bryant, Director of the Drug Abuse Council of Washington, D.C. If you will come forward?

Thank you very much for waiting, Dr. Bryant. Would you please identify your associate for us and then proceed.

STATEMENT OF THOMAS E. BRYANT, M.D., PRESIDENT, DRUG ABUSE COUNCIL OF WASHINGTON, D.C.; ACCOMPANIED BY MISS ANNETTE ABRAMS, STAFF MEMBER OF COUNCIL

Dr. BRYANT. Thank you very much, Senator. I have with me Miss Annette Abrams, who is on the staff of the council, and is responsible for our activities in the drug education field.

I have a prepared statement which I have submitted to the committee. With your permission I will highlight some of the points and be prepared to discuss whatever questions you may have.

Let me start by saying I appreciate the opportunity to respond to your invitation, and I especially appreciate the opportunity to associate myself with this issue.

In considering drug education as a means to prevent drug use, many difficulties arise, largely because a social problem of great complexity has grown dramatically in a rather short time. Consequently, society is still trying to catch up with it in terms of language and concepts and understanding.

We must now unravel the shorthand terms we have hastily acquired for describing and discussing the phenomenon known as the drug problem. We must come to understand the misconceptions we have unwittingly adopted, and in the process gain some insight into our reasons for adopting them.

In stating educational objectives we need to be especially cautious in drawing the analogy between preventive medicine and prevention of drug misuse. While you may have the freedom to neglect your health provided you are not a danger to society, no such freedom is granted in the consumption of certain drugs—even if you are not demonstrably harming yourself or others. In short, preventive medicine rests upon a foundation of accepted data and facts. It is agreed, for example, that a typhoid epidemic must be met by appropriate public health responses and that certain kinds of immunizations are universally desirable. But, no such agreement exists when it comes to usage of certain drugs or certain education methods intended to arrest drug use.

Educational techniques which influence some are inappropriate for others; goals which are achievable for some are counterproductive for others.

Our pursuit of prevention as a primary goal of drug education clearly reflects the value judgments of government and society as a whole. As the Second Report of the National Commission on Marihuana and Drug Abuse observed in March of last year:

> Policymakers tend to accept uncritically the proposition "that the societal objective is to eliminate 'nonmedical' drug use without inquiring whether this goal is desirable or possible." In fact, the only way society has been able to maintain its dedication to this purpose is by the fiction that alcohol and tobacco are not drugs. If we admitted that they were, we would have to rethink our assumptions.

Alcohol is much more dangerous to health than many other drugs, yet society has decided to retain it as a legal, albeit controlled drug, while making illegal other drugs perhaps less threatening to the individual and to society.

There can be no doubt that, while the use of illegal drugs has risen markedly during the last decade among American youth of high school age, particularly the use of marihuana, the traditional-legal drugs—alcohol and tobacco—have not lost their widespread appeal and have by no means been displaced as the preferred drugs among high school students. In short, those drugs which are sanctioned by the society are still the most prevalently used by young people.

In approaching the topic of preventive education, it is worth keeping in mind that there are two quite distinct kinds of questions which must be taken into account—questions of value and questions of fact. While research can do much to resolve the questions of fact, the value issues by their very nature are not subject to empirical resolution. Moreover, these value issues directly shape our educational responses and they have proven to be decisive factors in public policy about drug education.

The failure to distinguish between facts and values has had especially deleterious effects upon drug education programs which require honest information and credibility. As the National Commission properly noted:

> To design a rational strategy for drug information and education programs, both public agencies and private institutions have to resolve the basic dilemma . . . the present tendency is to treat the various value judgments as if they were objective facts about the risk of using drugs. The Commission recognizes the various pressures toward this approach but believes that it is shortsighted. In time, confusing fact and opinion will discredit all information transmitted, and ultimately the source itself.

By concentrating on the prevention of illegal drug use while consciously or unconsciously sanctioning the use of harmful yet legal drugs, drug educators oversimplify the issues and attempt to collapse drug use into one isolated behavior category. Studies confirm the often overlooked perception that drug use is complex and that no single set of factors explain, predict or control this phenomenon.

Perhaps the most disturbing fact about drug use and misuse in America today is the panic and overreaction caused by individuals and groups speaking on the basis of myths, fears and ill-conceived, if well-intentioned, "solutions" rather than on careful planning and analysis. The term "drug abuse" itself, and likewise "drug abuse education" are so highly emotionally charged and judgmental as to render them practically useless in a public dialogue.

As the National Commission reported, the terms "connote societal disapproval and elicit a sense of uneasiness and disquiet. They are terms that change meaning depending on time and place. According to one's society, his place on the continuum of history and his reason for using a particular drug, such use is regarded as either socially desirable or undesirable."

It is the task of all of us, if we are to perform a valid educational function, to separate fact from opinion and to inject a balanced and reasonable tone into the drug dialog. From this perspective I would like to offer summarized observations of the drug education scene today, to examine various approaches to drug information and education, and in response to your invitation, to comment specifically on the legislation before you today.

Federal expenditures for all aspects of dealing with drug problems have increased markedly over the past several years to a total fiscal 1974 estimate of $719 million, as compared to a fiscal 1969 total of $82 million. Similarly, there have been the creation of new agencies at all levels of government, and the reorganization of functions.

There seems to be a generally held consensus—at least among Federal officials—that the "drug war" budgets will level off and probably decline over the next few years. Reductions are already seen in certain areas, most particularly in drug education.

Any quick assessment of the use and misuse of drugs in our society can be misleading because that scene changes as rapidly as taste in music. A drug "generation" is short, since it depends upon what is the fad at the moment. Perhaps the most accurate statement is to say that the use of psychoactive drugs of all types—stimulants, hallucinogens, depressants, opiates, marihuana and particularly alcohol and tobacco—appears to be steadily increasing. From nearly every recent survey of drug use among the youth of the country, there can be seen a continuing increase in the use of mind- and mood-altering drugs, and a developing trend toward frenetic drug mixing. Alcohol consumption continues to rise, quite often in conjunction with other drug taking—and alcoholism remains, by all standards of measurement, the biggest "drug problem" in America.

Marihuana use appears to be steadily increasing. The National Commission reported to the public that as of 1972, 24 million Americans had tried marihuana, with 8 million of these using it regularly—and all of them using it illegally. It has been projected that by 1976, as many as 50 million of our citizens will have at least tried marihuana. It seems clear that marihuana has been established as the recreational drug of choice by many Americans, youth as well as adults, and that its prohibition has in actuality had little effect upon its availability and use. While the evidence is certainly not all in—and probably never will be—that which is, a lot of which is based on good research, would indicate that marihuana taken in moderation seems relatively harmless when compared to many other drugs.

I offer this brief setting of what has happened in the country today with drugs, from our perspective, to indicate the complexity of the educational task which confronts us all. To this end, let me turn to an examination of the state of the art of drug education.

Until the last decade, the primary responsibility for the prevention of drug misuse rested with the law's deterrent force and with various other interventions into the lives of the users. When it became clear that these approaches were failing to achieve the desired result of drug prevention, we turned to information and education as our vehicles for stemming drug misuse.

In the late 1960's, well-intentioned local schools, spurred on by distraught citizens, earmarked millions of dollars for drug education based on the notion that information would deter drug use among our youth. A barrage of printed materials, packaged curricula, films, and other audiovisuals were hastily developed and incorporated into our educational programs. By 1970, television and radio spots produced by the National Institute of Mental Health's Clearinghouse for Drug Abuse Prevention Information filled public service slots, their primary service, as seen in retrospect, to transmit often exaggerated and fear-laden antidrug messages to an already frightened public.

These investments of time, money, and effort produced a generation of sophisticated junior pharmacologists who, to our disillusionment, continued and often expanded their drug use despite the plethora of information which was made available. Trial and error has offered many lessons to drug educators and to those of us concerned with their achievements. We have become aware that certain drug education formulas have failed as preventive measures. For example, the notation that facts alone can serve as persuasive prevention tools has now been discredited.

The prime education/prevention focus to date has centered on the factual aspects of learning, while ignoring the emotional and behavioral components. Our notion of drug education should be congruent with our notions about education and learning in general. For both genres of education, we now know that the information approach, offered in isolation, often disregards essential needs of the individual learner—his feelings about drug use and experimentation, and the familial, cultural, and social imprints which constitute his attitude and belief structure.

Several research studies concerning the informational approach to drug education have come to important conclusions concerning the validity of this methodology:

The more information students have about drugs, the more likely they are to hold attitudes favoring their use.

The one-shot, single focus drug education efforts have been shown to have little or no impact on attitudes regarding drug use behavior.

Information-oriented drug programs are reported to result in increased drug experimentation and usage as a result of the creation of more relaxed attitudes about drug effects.

Drug users are more knowledgeable about drugs and their effects than nonusers; their knowledge about drugs is associated with actual drug use.

Negative motivational mass media efforts have consistently failed to discourage the use of alcohol, cigarettes, and other drugs.

Overall, information-based programs have not prevented drug use behavior and few have altered drug-related attitudes.

Based on lessons learned, more promising approaches to drug education are emerging. Information about drugs is now being incorporated into programs of more depth, stressing the learner's attitudes and behavior as well as his knowledge about drug use. These approaches, often referred to as affective, take into consideration the individual, his need for honest, usable information, as well as his emotional requirements. Research studies of affective approaches are encouraging and I would like to summarize some of these findings for you:

Group counseling methods are being utilized in many schools and communities to stimulate discussions among parents, youth, and professionals around the issues of drug use. This approach, and some of its variations, have proven effective in decreasing drug use, reinforcing nondrug use attitudes, and influencing drug use decisions.

The consumption of alcohol and cigarettes has often been reduced in counseling sessions of peer groups involving discussions of drug use and related social issues. Peer group orientations attempt to maximize the high correlation between personal drug use and peer drug use which has been demonstrated among high school and college students.

Teachers functioning as group leaders rather than as authority figures proved to be more effective in that they allowed students to discuss their real concerns, which were often not drugs but feelings about self and society.

Other promising educational approaches seek to prevent drug use or misuse by enhancing the individual's self-concept, improving his ability to make decisions, allowing him to examine his values, and to encourage his participation in nondrug alternative pursuits.

It is my belief, based on available data, that sound and balanced affective drug education can be responsive to individual needs. This belief does not ignore, however, the importance of teacher competency and sensitivity as determinants of educational impact. As we critically view the Office of Education programs we must acknowledge their function in providing training and leadership needed to assure responsible growth in drug education across the country.

Too often, drug educators and policymakers have created programs without a clear understanding of what they expected to achieve, or how to measure the results of what they have done. Perhaps the most consistent criticism of federally-created programs has been the lack of results and the failure to construct model programs with proven effectiveness. Either way, the central question seems to be one of clearly stating goals and constructing evaluative yardsticks by which to gauge them.

The Drug Abuse Council has recently published a handbook for teachers and administrators to use in evaluating their own drug-prevention programs. This handbook, Accountability in Drug Education, is designed to address the public and private sector need for assistance in their consideration of methods, techniques, and approaches necessary for effective local program implementation and evaluation.

I have with me copies of the booklet, which I will be pleased to make available to members of the committee who may be interested in perusing it.

In all, we believe the handbook to be potentially useful to all of those involved in drug education research and planning.

Against the backdrop of what is happening in the drug scene today and what I consider to be some of the main issues and problems in drug education, let me offer some observations about the specific legislation before you.

I know there has been some controversy as to whether or not drug education, especially of the categorical nature authorized under the Drug Abuse Education Act of 1970, should be housed in the Office of Education or in some other office. From my point of view, especially weighed against the evidence that drug education cannot be viewed in a narrow context divorced from other aspects of education, the Office of Education seems to be the reasonable and logical place for such a program.

Given the complexities and ambiguities of this field, I hope you consider very seriously whether the Congress wants to transfer all authority for education and training to superagencies or offices whose jurisdiction has heretofore been limited to medicine and treatment, or whether it wants to maintain support for an agency which is, because of its particular strengths and experience, more sensitive to the evolution and future of drug education.

I am particularly pleased that all versions of the legislation contain adequate provisions for evaluation of the programs which are under consideration. Let me add a single caveat regarding evaluation. The Congress, in line with its legitimate interest in program efficacy, must leave room for creative and innovative approaches to emerge in drug education; it must allow for failures as well as successes, by whatever criteria it chooses to judge them. Failures, I might add, are often the basis for effective future planning and growth.

One of the outstanding features of the Office of Education program to date is that it has forged ahead and continually supported new local approaches. There have and always will be admitted failures. I know Dr. Helen Nowlis, the program director, personally, and she is candid enough to admit them. As she has remarked, exploration and evaluation should be viewed as exercises in problem-solving, and any problem-solving process is often one of trial and error. The differences between what is planned and what actually happens are the vital raw materials for learning what to do next.

Furthermore, there have been program elements which are not directly amendable to outcome evaluation and some programs which are too young to evaluate. Again, it is admitted by Dr. Nowlis that there is no single approach which she would stand behind 100 percent. The field of drug use is much too complex to expect a single solution to emerge; indeed, we will probably never find a single, permanent answer to any dilemma of social behavior.

Any program labeled as "educational" should seek to both affect and inform individuals, and in microcosm, communities of people. The Office of Education program, unlike extant programs within other agencies, comprises a laudable duality of focus which includes both the school and the community. Toward a more workable drug education response, the Office of Education has brought the school into a dialogue with parents, professionals, young people—the community as a whole. We now know that in confronting social issues we cannot separate the school and its educational responsibilities from the broader social responsibilities of the community-at-large. The interplay between school and community allows for programmatic responses to develop when and where they are most needed—within the school, in the home, on the campus, and so on.

This interplay allows for the combined perspectives, talents and experiences of all who are affected by drug use within a community—parents, students, businessmen, young people and, most importantly, educators. Finally, the interplay between school and community, by virtue of its disciplinary breadth, promises a strength and prudence of response unmatched by single institutional attempts at preventive education.

In all, the Office of Education's community thrust brings us closer to the important goal of community self-determination in ameliorating local drug dilemmas. For instance, between 1972 and 1973, many States, colleges, and communities funded by the Office of Education garnered $3,341,336 in dollars and other resources to insure their continued operation and to decrease their dependence on Federal funds.

Lastly, it would be acutely irresponsible for us to overlook the wisdom of vesting drug education authority within an ongoing educational agency. Training educators and other community professionals is a function for which the Office of Education is uniquely qualified. Let us remember that a lack of experienced Federal leadership can have pernicious effects at the local level if fear about drugs explodes into hastily-conceived prevention efforts aimed at detection, control, or prediction.

I am frankly troubled by so-called intervention programs undertaken by schools and communities without considering less drastic options. I refer specifically to a secondary school in New York City seeking to detect and arrest the use of drugs by conducting random urine testing among its students; innumerable psychological tests being administered so as to identify drug users or "socially deviant" young people; unannounced locker searches, and other questionable infringements on the personal liberties of students. These are examples which are intended to emphasize the need for continued training and program support between the Office of Education and concerned local citizens. Without adequate training, technical assistance and support, many communities, in the desperate search for expeditious solutions, begin to take on the function of police, detectives or doctors, while deviating from their responsibility to educate.

Finally, I have discussed some of the more recent and more measurably successful approaches to drug education. These approaches tend to view drug use in a broad societal context and to focus on the affective and cognitive needs of the individual. The incorporation and recognition of these approaches in S.2848, sponsored by six members of this committee, is indeed gratifying. The focus in this bill on the causes of drug and alcohol misuse rather than the symptoms is one which I hope will be adopted either through the specific incorporation of the language into the legislation or through a clear statement of that legislative intent.

That concludes my statement, Mr. Chairman. I will be glad to answer any questions.

Senator HUGHES. Thank you very much, Dr. Bryant.

Would you tell me what role the Drug Abuse Council plays, just for my information?

Dr. BRYANT. The Drug Abuse Council was established in 1972 by a consortium of private foundations to serve as an independent source of information, policy evaluation and research funding in the field of drug use and misuse. The Council was created in response to a widely felt need for concerted action in the private sector of our society.

We have a wide variety of projects underway designed to help the American public understand and make more informed, balanced, and effective judgments about the complex and challenging concerns arising from the nonmedical use of drugs which is so apparent in our present society. Clearly, one of the major concerns which we share with this committee and with society at-large is how to develop educational approaches that discourage destructive drug use, encourage reasonable alternatives and protect individual freedom of choice. This is not an easy task, as you well know, and it is one which can only be pursued after careful deliberation about methodologies, goals, and expected outcomes.

Senator HUGHES. Do you get involved in any funding of local projects?

Dr. BRYANT. We don't fund local treatment and rehabilitation projects as such. We may, and often do, fund the research components of local treatment and rehabilitation projects. We tend to concentrate our scope of work in using the limited powers that we have; we expend somewhere between $2 to $2.5 million a year. In all, we are a relatively small organization with a limited fiscal base. For these reasons we cannot take on the burden of treatment, rehabilitation or education considering the large number of people that the Government is responsible for in these broad areas.

Similarly, it is very difficult for us, with our limited resources to undertake a very large role in support of particular biomedical research, especially since so many millions of dollars already in the Federal budget go into that activity.

Senator HUGHES. If my information is correct, you testified before this subcommittee 3 or 4 years ago; is that correct?

Dr. BRYANT. Yes.

Senator HUGHES. How much has your own thinking about education and prevention in general changed over these last 3 or 4 years?

Dr. BRYANT. I think we have learned a lot in the last 3 or 4 years. I think we have learned a lot about education, and more particularly, we have learned that a lot of our traditional methods don't work. This is a step in the right direction.

I am quite encouraged when I hear from many people who come to us describing these new, effective approaches—approaches that put drugs in perspective, that don't tend to isolate drugs and concentrate only on drug use behavior to the exclusion of other kinds of behavior. I am generally optimistic about our fostering more rational approaches such as these.

Conversely, I don't think I could be, or want to be, entirely optimistic that we are going to solve our drug abuse dilemmas very quickly; or that we know everything to do. These steps must be made possible by Congress.

I guess a good answer to your question, then, is that I feel better than I felt 3 or 4 years ago.

Senator HUGHES. We didn't know where we were going at all 3 or 4 years ago. At least I didn't. As you pointed out, I think, very well, we were looking at programs, experimenting with programs, some of which were failures. But like you, I don't agree that it was a bad expenditure of money, just as I never agreed that because some demonstration programs failed in the Office of Economic Opportunity that the whole program ought to be thrown out the window.

But if we don't know where we are going, I guess we have to experiment, and there will be some failures.

Dr. BRYANT. That is the way we all learn.

Senator HUGHES. You heard the testimony of the administration officials here this morning, and what their outlook for the future seems to be.

Would you care to comment on that?

Dr. **Bryant**. As I indicated in my opening remarks, Mr. Chairman, I want to associate myself and the Council with the philosophy voiced by yourself and Senator Randolph for the committee, and that voiced by the administration witnesses. I know all of the administration witnesses who appeared this morning and I am familiar with their work; they are very hard-working public servants, and I am in accord with many of the things that they are trying to accomplish. I do have some reservations, however. For example, my service in the Office of Economic Opportunity taught me to be a little wary in deciding what is going to work as a result of policy planning.

Senator **Hughes**. I am pretty wary myself. I have learned to be that way in the last 5 years. It appears to me that the administration is programing many programs for extinction. But I can't say that because obviously they are not saying it.

Dr. **Bryant**. I think that is very important. After all, who can speak out against better coordination and cooperation at the State level? That is one of the clever things about such phrases. No one can be outspoken against these concepts, but you have to put teeth into a concept to make it work, it seems to me. I am certainly willing to take on good faith and assurances of the administration witnesses who appeared before you today, as well as others, that they intend to pick up some of the slack which exists in other parts of the budget or in other programs such as these we are discussing.

I think it would certainly behoove us, as a private sector watchdog agency, to watch these activities very closely to be sure that the programs don't fall through the cracks because there are no accessible funds.

Senator **Hughes**. Well, you put it pretty well in your statement, but I just wanted to reaffirm the question. Do you see any need to maintain divisional and regionally financed offices of the Office of Education?

Dr. **Bryant**. Yes I do, and I think that is very important, for the reasons that I outlined in my statement. This response does not mean, however, that I am opposed to some of the other concepts discussed here this morning. To take one—revenue-sharing, for example. I am supportive of revenue-sharing in this field as it relates to drug abuse prevention, rehabilitation and treatment, if there is some revenue to be shared. Under such circumstances I think many local programs would also endorse the concept.

On these terms I am supportive of what the Undersecretary said would be done: using what clout he has to push forward in feasible directions. At the same time I can't believe it is necessary to dismantle what I preceive to be a very good programmatic thrust now housed in the Office of Education.

Senator **Hughes**. I am for revenue-sharing, too; at least I voted for the first bill, which was a dog of a bill, just to support the theory. But we have seen a lot of things happening out there in the country that scare me, and I am sure a lot of my colleagues, about what might happen in the revenue-sharing in the health field and in the educational field.

Dr. **Bryant**. Well, one of the State problems I think we have encountered was addressed quite eloquently by Dr. DuPont. I am afraid that some of the priority work left to be done, particularly in the drug education field, is not very attractive. I am afraid these difficult, remaining tasks are not going to end up very high on anyone's list of priorities because they require hard work dirty work, not necessarily rewarding work; they require that you wander around, often harassed, while unable to mount a publicity campaign saying "Look what we delivered for the dollars expended."

That is the hard aspect of making progress. Consequently, I am fearful that those kinds of vital, necessary approaches to the problems we have in this country are going to suffer unless you have built-in support to encourage people; incentives to motivate people to move these things up on their lists of priorities.

As I went through my testimony this morning I remarked that we still have some serious problems with drugs in this country, yet again we create the image that it's all over.

Senator HUGHES. Well, as I understood you, it is still gradually increasing across the board; is that right?

Dr. BRYANT. Yes, and I think there is no denying the fact that what has been termed the "heroin epidemic" of the 1960's has topped out. Nevertheless, that does not relieve us of any responsibility at all in approaching heroin addiction as a social problem in this country, especially the associated problems of rehabilitation, the problem of jobs, the reintegration of large numbers back into the community. However many there were, and are—heroin addicts and people dependent on substances in this country—they still require that a lot of work be done.

I devoted a lot of attention in my testimony this morning to the new phrase "poly-drug abuse," which is really quite terrifying. It describes frenetic drug mixing, the use of many drugs like barbiturate and sedative hypnotics which are really pharmacologically much more dangerous to the individual than heroin.

These kinds of drugs being used indiscriminately and randomly is a very worrisome problem which is reported from all parts of the country. In good conscience we should not just sweep massive drug mixing under the rug.

Senator HUGHES. What is your viewpoint on the Javits' bill? When you answer that, I will turn the questioning over to Senator Javits.

Dr. BRYANT. I think Senator Javits has taken a very good, sensible approach to the problems under consideration.

Senator JAVITS. I am pleased to note the support which the bill generally has, and also to invite this witness and other witnesses, if they have any changes which they would like to recommend, that they please give them promptly to us with specificity, so they may be included in the record.

Generally speaking, I gather the bill is finding favor, I think, with all concerned.

Senator HUGHES. Miss Abrams, do you have anything you would like to add to the testimony of Dr. Bryant?

Miss ABRAMS. I think Dr. Bryant has stated our position very well.

Senator HUGHES. Thank you very much, and thank you Dr. Bryant, for your patience.

[The prepared statement of Dr. Bryant follows:]

TESTIMONY PREPARED FOR PRESENTATION TO
THE SENATE SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE

Thursday, February 7, 1974

4232 Senate Office Building
Washington, D.C.

by

Thomas E. Bryant, M.D.
President of the Drug Abuse Council

Mr. Chairman, and members of the committee, I appreciate the opportunity that your committee's invitation affords to come before you today to discuss the bills pending before you which would extend the Drug Abuse Education Act of 1970.

For those of you who may not be familiar with the work of the Drug Abuse Council, it was established in 1972 by a consortium of private foundations to serve as an independent source of information, policy evaluation and research funding in the field of drug use and misuse. The Council was created in response to a widely felt need for concerted action in the private sector of our society.

The Council has a wide variety of projects underway designed to help the American public understand and make more informed, balanced and effective judgments about the complex and challenging concerns arising from the non-medical use of drugs which is so apparent in our present society. Clearly, one of the major concerns which we share with this committee and with society-at-large is how to develop educational approaches that discourage destructive drug use, encourage reasonable alternatives and protect individual freedom of choice. This is not an easy task, as you well know, and it is one which can only be pursued after careful deliberation about methodologies, goals and expected outcomes.

In considering drug education as a means to prevent drug use many difficulties arise, largely because a social problem of great complexity has grown dramatically in a rather short time. Consequently, society is still trying to catch up with it in terms of language and concepts and understanding. We must now unravel the shorthand terms we have hastily acquired for describing and discussing the phenomenon known as "the drug problem." We must come to understand the misconceptions we have unwittingly adopted, and in the process, gain some insight into our reasons for adopting them.

In stating educational objectives we need to be especially cautious in drawing the analogy between preventive medicine and prevention of drug misuse. While you may have the freedom to neglect your health provided you are not a danger to society, no such freedom is granted in the consumption of certain drugs -- even if you are not demonstrably harming yourself or others. In short, preventive medicine rests upon a foundation of accepted data and facts. It is agreed, for example, that a typhoid epidemic must be met by appropriate public health responses and that certain kinds of immunizations are universally desirable. But, no such agreement exists when it comes to usage of certain drugs or certain education methods intended to arrest drug use. Educational techniques which influence some are inappropriate for others; goals which are achievable for some are counterproductive for others.

Our pursuit of prevention as a primary goal of drug education clearly reflects the value judgments of government and society as a whole. As the Second Report of the National Commission on Marihuana and Drug Abuse observed in March of last year:

> Policymakers tend to accept uncritically the proposition "that the societal objective is to eliminate 'nonmedical' drug use without inquiring whether this goal is desirable or possible." In fact, the only way society has been able to maintain its dedication to this purpose is by the fiction that alcohol and tobacco are not drugs. If we admitted that they were, we would have to rethink our assumptions.

Alcohol is much more dangerous to health than many other drugs, yet society has decided to retain it as a legal, albeit controlled, drug, while making illegal other drugs perhaps less threatening to the individual and to society.

There can be no doubt that, while the use of illegal drugs has risen markedly during the last decade among American youth of high school age (particularly the use of marijuana), the traditional-legal drugs, alcohol and tobacco, have not lost their widespread appeal and have by no means been displaced as the preferred drugs among high school students. In short, those drugs which are sanctioned by the society are still the most prevalently used by young people.

In approaching the topic of preventive education it is worth keeping in mind that there are two quite distinct kinds of questions which must be taken into account -- questions of value and questions of fact. While research can do much to resolve the questions of fact, the value issues by their very nature are not subject to empirical resolution. Moreover, these value issues directly shape our educational responses and they have proven to be decisive factors in public policy about drug education.

The failure to distinguish between facts and values has had especially deleterious effects upon drug education programs which require honest information and credibility. As the National Commission properly noted:

> To design a rational strategy for drug information and education programs, both public agencies and private institutions have to resolve the basic dilemma...the present tendency is to treat the various value judgments as if they were objective facts about the risk of using drugs. The Commission recognizes the various pressures toward this approach, but believes that it is short-sighted. In time, confusing fact and opinion will discredit all information transmitted, and ultimately the source itself.

By concentrating on the prevention of illegal drug use while consciously or unconsciously sanctioning the use of harmful yet legal drugs, drug educators oversimplify the issues and attempt to collapse drug use into one isolated behavior category. Studies confirm the often overlooked perception that drug use is complex and that no single set of factors explain, predict or control this phenomenon. Accordingly, Dr. Lloyd Johnston in his study of drug use among 2200 adolescent males states, "The use of drugs by young people seems to be woven into their total life style which appears to be taking place in a society saturated with many forms of drug taking."

Perhaps the most disturbing fact about drug use and misuse in America today is the panic and overreaction caused by individuals and groups speaking on the basis of myths, fears and ill-conceived, if well-intentioned, "solutions," rather than on careful planning and analysis. The terms "drug abuse" itself, and likewise "drug abuse education," are so highly emotionally charged and judgmental as to render them practically useless in a public dialogue. As the National Commission reported, the terms "connote societal disapproval and elicit a sense of uneasiness and disquiet. They are terms that change meaning depending on time and place. According to one's society, his place on the continuum of history and his reason for using a perticular drug, such use is regarded as either socially desirable or undesirable."

It is the task of all of us, if we are to perform a valid educational function, to separate fact from opinion and to inject a balanced and reasonable tone into the drug dialogue. From this perspective I would like to offer summarized observations of the drug education scene today, to examine various approaches to drug information and education, and in response to your invitation to comment specifically on the legislation before you today.

Federal expenditures for all aspects of dealing with drug problems have increased markedly over the past several years, to a total fiscal 1974 estimate of $719 million, as compared to a fiscal 1969 total of $82 million. Similarly, there have been the creation of new agencies at all levels of government and the reorganization of functions.

There seems to be a generally held consensus--at least among Federal officials--that the "drug war" budgets will level off, and probably decline over the next few years. Reductions are already seen in certain areas, most particularly drug education.

Any quick assessment of the use and misuse of drugs in our society can be misleading because that scene changes as rapidly as taste in music. A drug "generation" is short since it depends upon what is the fad at the moment. Perhaps the most accurate statement is to say that the use of psychoactive drugs of all types--stimulants, hallucinogens, depressants, opiates, marijuana and, particularly, alcohol and tobacco--appears to be steadily increasing, with many pernicious aspects and other aspects that seem less likely causes for alarm. From nearly every recent survey of drug use among the youth of the country, there can be seen a continuing increase in the use of mind- and mood-altering drugs and a developing trend toward frenetic drug mixing. Alcohol consumption continues to rise, quite often in conjunction with other drug taking--and alcoholism remains by all standards of measurement the biggest "drug problem" in America.

Marijuana use appears to be steadily increasing. The National Commission reported to the public that, as of 1972, 24 million Americans had tried marijuana, with 8 million of these using it regularly--all illegally. It has been projected that by 1976, as many as 50 million citizens will have at least tried marijuana. It seems clear that marijuana has been established as the recreational drug of choice by many Americans, youth as well as adults, and that its prohibition has in actuality had little effect upon its availability and use. While the evidence is not yet all in--and probably never will be--that which is--a lot of which is based on good research--would indicate that marijuana taken in moderation seems relatively harmless when compared to many other drugs.

I offer this brief setting of what is happening in the country today with drugs to indicate the complexity of the educational task which confronts us. To this end, let me turn to an examination of the state of the art of drug education.

Until the last decade, the primary responsibility for the prevention of drug misuse rested with the law's deterrent force and with various other interventions into the lives of the users. When it became clear that these approaches were failing to achieve the desired result of drug prevention, we turned to information and education as our vehicles for stemming drug misuse.

In the late 1960's, well-intentioned local schools, spurred on by distraught citizens, earmarked millions of dollars for drug education based on the notion that information would deter drug use among our youth.

A barrage of printed materials, packaged curricula, films and audiovisuals were hastily developed and incorporated into our educational programs. By 1970, television and radio spots produced by the National Institute of Mental Health's Clearinghouse for Drug Abuse Prevention Information filled public service slots, their primary service, as seen in retrospect, to transmit often exaggerated and fear laden anti-drug messages to an already frightened public.

These investments of time, money and effort produced a generation of sophisticated junior pharmacologists who, to our disillusionment, continued and often expanded their drug use despite the plethora of information which was made available. Trial and error has offered many lessons to drug educators and to those of us concerned with their achievements. We have become aware that certain drug education "formulas" have failed as preventive methods. For example, the notion that facts alone can serve as persuasive prevention tools has now been discredited.

The prime education/prevention focus to date has centered on the factual aspect of learning, while ignoring the emotional and behavioral components. Our notion of drug education should be congruent with our notions about education and learning in general. For both genres of education we now know that the information approach, offered in isolation, often disregards essential needs of the individual learner--his feelings about drug use and experimentation, and the familial, cultural, and social imprints which constitute his attitude and belief structure.

Several research studies concerning the informational approach to drug education have come to important conclusions concerning the validity of this methodology:

--The more information students have about drugs, the more likely they are to hold attitudes favoring their use.

--The "one-shot," single focus drug education efforts have been shown to have little or no impact on attitudes regarding drug use behavior.

--Information-oriented drug programs are reported to result in increased drug experimentation and usage as a result of the creation of more relaxed attitudes about drug effects.

--Drug users are more knowledgeable about drugs and their effects than non-users; their knowledge about drugs is associated with actual drug use.

--Negative motivational mass media efforts have consistently failed to discourage the use of alcohol, cigarettes and other drugs.

--Overall, information-based programs have not prevented drug use behavior and few have altered drug-related attitudes.

Based on lessons learned, more promising approaches to drug education are emerging. Information about drugs is now being incorporated into programs of more depth, stressing the learner's attitudes and behavior as well as his knowledge about drug use. These approaches, often referred to as "affective," take into consideration the individual, his need for honest, usable information, as well as his emotional requirements. Research studies of affective approaches are encouraging and I would like to summarize some of the findings for you:

--Group counseling methods are being utilized in many schools and communities to stimulate discussions among parents, youth and professionals around the issues of drug use. This approach, and some of its variations, have proven effective in decreasing drug use, reinforcing non-drug use attitudes and influencing drug use decisions.

--The consumption of alcohol and cigarettes has often been reduced in counseling sessions of peer groups involving discussions of drug use and related social issues. Peer group orientations attempt to maximize the high correlation between personal drug use and peer drug use which has been demonstrated among high school and college students.

--Teachers functioning as group leaders rather than as authority figures proved to be more effective in that they allowed students to discuss their real concerns, which were often not drugs but feelings about self and society.

--Other promising educational approaches seek to prevent drug use or misuse by enhancing the individual's self-concept, improving his ability to make decisions, allowing him to examine his values, and to encourage his participation in non-drug alternative pursuits.

It is my belief based on available data that sound and balanced affective drug education can be responsive to individual needs. This belief does not ignore, however, the importance of teacher competency and sensitivity as determinants of educational impact. As we critically view the Office of Education programs we must acknowledge their function in providing training and leadership needed to assure responsible growth in drug education across the country.

Too often, drug educators and policy-makers have created programs without a clear expectation of what they expected to achieve or how to measure the results of what they have done. Perhaps the most consistent criticism of federally created programs has been the lack of "results" and the failure to construct model programs with proven effectiveness. Either way, the central question seems to be one of clearly stating goals and constructing evaluative yardsticks to gauge them.

The Drug Abuse Council has recently published a handbook for teachers and administrators to use in evaluating their own drug prevention programs. The handbook, Accountability in Drug Education, is designed to address the private and public sector need for assistance in their consideration of methods, techniques and approaches necessary for effective local program implementation and evaluation. Accountability looks at the need for realistic goal selection and discusses a wide array of attainable drug education objectives. It examines other questions such as evaluation management, basic experimental designs, instruments for use in measuring drug attitudes, behavior and knowledge, and the utilization of new knowledge in planning more effective programs. In all, we believe the handbook to be potentially useful to all of those involved in drug education research and planning, and I would be pleased to offer copies to members of the committee who may be interested in perusing it.

Against the backdrop of what is happening in the drug scene today and what I consider to be some of the main issues and problems in drug education, let me offer some observations about the specific legislation before you.

I know that there has been some controversy as to whether or not drug education, especially of the categorical nature authorized under the Drug Abuse Education Act of 1970, should be housed in the Office of Education or in some other office. From my point of view, especially weighed against the evidence that drug education cannot be viewed in a narrow context divorced from other aspects of education, the Office of Education seems to be the reasonable and logical place for such a program. Given the complexities and ambiguities of this field, I hope you consider very seriously whether the Congress wants to transfer all authority for education and training to super-agencies or offices whose jurisdiction has heretofore been limited to medicine and treatment, or whether it wants to maintain support for an agency which is, because of its particular strengths and experience, more sensitive to the evolution and future of drug education.

I am particularly pleased that all versions of the legislation contain adequate provision for evaluation of the programs which are under consideration. Let me add a single caveat regarding evaluation. The Congress, in line with its legitimate interest in program efficacy, must leave room for creative and innovative approaches to emerge in drug education; it must allow for failures as well as successes, by whatever criteria it chooses to judge them. Failures, I might add, are often the basis for effective future planning and growth. One of the outstanding features of the Office of Education program to date is that it has forged ahead and continually supported new local approaches. There have, and always will be, admitted failures. I know Dr. Helen Nowlis, the program director, personally, and she is candid enough to admit them. As she has remarked, exploration and evaluation should be viewed as exercises in problem-solving, and any problem-solving process is one of trial and error. The differences between what is planned and what actually happens are the vital raw materials for learning what to do next.

Furthermore, there have been program elements which are not directly amenable to outcome evaluation and some programs which are too young to evaluate. Again, it is admitted by Dr. Nowlis that there is no single approach which she would stand behind 100 percent. The field of drug use is much too complex to expect a single solution to emerge -- indeed, we will probably never find a single, permanent answer to any dilemma of social behavior.

Any program labelled as "educational" should seek to both affect and inform individuals and, in macrocosm, communities of people. The Office of Education program, unlike extant programs within other agencies, comprises a laudable duality of focus which includes both the school and the community. Toward a more workable drug education response, the Office of Education has brought the school into a dialogue with parents, professionals, young people--the community as a whole. We now know that in confronting social issues we cannot separate the school and its educational responsibilities from the broader social responsibilities of the community-at-large. The interplay between school and community allows for programmatic responses to develop when and where they are most needed--within the school, in the home, on the campus, and so on. This interplay allows for the combined perspectives, talents and experiences of all who are affected by drug use within a community--parents, students, businessmen, young people, and most importantly, educators. Finally, the interplay between school and community, by virtue of its disciplinary breadth, promises a strength and prudence of response unmatched by single institutional attempts at preventive education.

In all, the Office of Education's community thrust brings us closer to the important goal of community self-determination in ameliorating local drug dilemmas. For instance, between 1972 and 1973 many states, colleges and communities funded by the Office of Education garnered $3,341,336 in dollars and other resources to insure their continued operation and to decrease their dependence on Federal funds.

Lastly, it would be acutely irresponsible for us to overlook the wisdom of vesting drug education authority within an on-going educational agency. Training educators and other community professionals is a function for which the Office of Education is uniquely qualified. Let us remember that a lack of experienced federal leadership can have pernicious effects at the local level if fear about drugs explodes into hastily-conceived prevention efforts aimed at detection, control or prediction.

I am frankly troubled by so-called intervention programs undertaken by schools and communities without considering less drastic options. I refer specifically to a secondary school in New York City seeking to detect and arrest the use of drugs by conducting random urine testing among its students; innumerable psychological tests being administered so as to identify drug users or "socially deviant" young people; unannounced locker searches and other questionable infringements on the personal liberties of students. These are examples which are intended to emphasize the need for continued training and program support between the Office of Education and concerned local citizens. Without adequate training, technical assistance and support many communities, in the desperate search for expeditious solutions, begin to take on the function of police, detectives or doctors, while deviating from their responsibility to educate.

Finally, I have discussed some of the more recent and more measurably successful approaches to drug education. These approaches tend to view drug use in a broad societal context and to focus on the affective and cognitive needs of the individual. The incorporation and recognition of these approaches in S. 2848, sponsored by six members of this committee, is indeed gratifying. The focus in this bill on the causes of drug and alcohol misuse rather than the symptoms is one which I hope will be adopted either through the specific incorporation of the language in the legislation or through a clear statement of that legislative intent.

Senator HUGHES. The Chair calls Miss Janice Schneider, of the Colorado drug education project, Colorado State Department of Education.

STATEMENT OF MISS JANICE R. SCHNEIDER, CONSULTANT IN ALCOHOL-DRUG EDUCATION, COLORADO DEPARTMENT OF EDUCATION

Miss SCHNEIDER. This statement is in support of proposed legislation to extend the Drug Abuse Education Act of 1970 for an additional 3 years. As requested, I will present information about the drug education program of the Colorado Department of Education and my views on assistance from the U.S. Office of Education in the past as well as possible future of drug education.

First, I believe it is important to provide some background for Colorado's Department of Education drug education project, especially as it has existed over the last 3½ years.

Colorado's program efforts were enhanced with the designation of Federal funds as of July 1, 1970, to the Department of Education under the Education Professions Development Act, part D, for the preparation of teachers to teach about drug abuse. After a State-level team completed their training at one of the national training centers in 1970, training was provided approximately 360 persons from all areas of Colorado, including students, teachers, and other school personnel, representatives of community agencies such as public health, welfare, law enforcement and the clergy.

These school-community teams implemented a variety of drug education programs at their local levels actualizing the concept of the multiplier effect in training. The teams received technical assistance and follow-up from the State training teams. The members of the State team were part of the staff of the Colorado Department of Education and the Department of Health.

A follow-up evaluation with the school-community teams showed that they had implemented a minimum of 85 specific action programs in their identified community within 5 months after training. In some instances the community could have been a group of rural towns, the geographic areas of school districts, or in some instances, the county.

The expenditure of the $40,000 Federal grant for training during 1970–71 was supported by special State appropriations for a 1-year period, beginning July 1, 1970. This included moneys to be distributed to the public school districts for comprehensive health education programs emphasizing problems of alcohol and drug abuse. It should be noted that many of the school districts relied on their State appropriation in order to involve school personnel in the training workshops. However, the teams usually had to rely on local sources and their own initiative to acquire funds for the programs.

In July of 1971, the Drug Abuse Education Act of 1970 provided the continued support to the Colorado Department of Education for the drug education project. The amount of the grant each of the past 3 years has been for $23,850, and has enabled the Colorado Department of Education to—

(1) Provide for a full-time consultant in alcohol-drug education. This staff member has provided resource assistance to the degree possible to the State's public school districts as well as

to institutions of higher education and other agencies and groups; and

(2) Continue emphasis on programs of alcohol-drug education. With a decrease in Federal and State funding for drug education, moneys under Public Law 91-527 have enabled the Department of Education to focus on continued education and training for school and community personnel, and on providing some resource assistance to schools in program and curriculum development planning and implementation.

(The Department of Education provided direction for emphasis on drug education programs that stress attitudinal and affective areas of education rather than only the dissemination of factual data on drugs.)

(3) Continue involvement in the State's inter-departmental approach to alcohol and drug programs. In line with the philosophy that problems of alcohol and drug abuse do not belong to one agency alone, such as the schools, the Department of Education has found it essential that the staff person be actively involved with other State agencies, especially the Colorado Department of Health, the single State agency in Colorado for coordinating programs regarding alcohol and drugs. The drug education consultant is a representative of the department of education on the State alcohol and drug abuse advisory council and its subcommittees. The advisory council, according to State statutes, reviews requests for money for alcohol and drug programs, makes recommendations regarding program priorities for funding, and reviews the State plan for alcohol and drug programs.

The drug education consultant also works with the interdepartmental task force on alcohol and drugs, assists in the planning and implementation of some of the educational programs of the Colorado Department of Health and other State and local agencies.

Assistance from the U.S. Office of Education has involved, basically, the distribution of project funds, collection of evaluative data, and the providing for liaison between the State and Federal programs.

The assistance received from the U.S. Office of Education, Office of Drug Education, health and nutrition program, has been limited by the small staff and their overwhelming responsibilities with the national drug education program.

Assistance from their office usually, then, must be conducted by mail or telephone. The Information Support system developed by USOE and the E. F. Shelley Co., facilitates the process of providing data on a quarterly basis regarding the drug education programs in the States. However, this does not provide for extensive monitoring and evaluation as can be accomplished by regular on-site visits.

I think that the USOE staff are to be commended for their leadership and the philosophical direction of the national drug education effort. The Colorado Department of Education drug education project is in agreement with the need for a variety of program approaches for dealing with problems of alcohol-drug abuse, the necessity of all age groups and agencies cooperating in such efforts, and even more basically, that drug education is not solely the providing of cognitive or factual information, but deals with an individual's level of decision-making, self-concepts, values, and other confounding numbers of variables.

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It has been interesting to note the change in philosophy of the Special Action Office for Drug Abuse Prevention from their initial establishment to the present. It is my perception that drug education was among their lowest priorities in the Federal strategy; thus a conflict of expectations of the Federal agencies then involved with drug education. However, in the fall of 1973, the materials distributed by the Special Action Office as a part of Drug Abuse Prevention Week were expressing the same attitudes as USOE had been voicing for several years—cooperative efforts among agencies, involvement of youth, the need for dealing with the underlying problems, and so on.

In short, the level of assistance that USOE has provided has been of value to the Colorado project. Ideally, we would have had more assistance except for the realistic limitations that I have mentioned earlier.

Considering that the focus in drug education can include many modern living issues faced by young people today, that we are basically concerned with responsible decisionmaking, and opportunities to learn how to live as well as learning to make a living, I suggest the following areas of need that could be approached through continued drug education:

(1) We need to train those who are to become teachers and retrain those who are already teachers in an effort to humanize education in order that children and youth can learn to make responsible decisions, that they can develop and enhance positive self-images.

(2) We need to expand efforts at helping children, youth, and adults to continually identify meaningful alternatives to all forms of self-defeating behaviors including alcohol-drug abuse;

(3) We need to expand programs regarding mental health as well as physical health, by training or retraining teachers, even parents, to promote positive mental and physical health; and

(4) We need to support a variety of school and community based projects in order that resources and services are readily available to meet the varying needs of people. This can range from the use of media in providing education to all segments of the citizenry, to providing alternative educational approaches in schools, to the walk-in centers within the community.

Continued and increased funding for drug education would enable us to expand our current education and training efforts, to capitalize on the changes already effected. Solid funding support in this effort would certainly substantiate what we have learned and what we believe in as drug education.

Senator HUGHES. Thank you very much, Miss Schneider, for your testimony. It is an excellent statement.

How long have you been a consultant in drug education?

Miss SCHNEIDER. I have been with the State department of education since the Federal project began in 1970.

Senator HUGHES. 1970? Can you tell us whether your program reaches all the schools in Colorado?

Miss SCHNEIDER. I would have to answer that it doesn't, and part of this is due to the way in which the State education agency serves the school system of the State; we work with the schools more in a resource capacity, and therefore, my services or work with the districts is at their request or their agreement, for example, to participate in activities.

Senator HUGHES. And are there school districts that have not requested your services?

Miss SCHNEIDER. Yes.

Senator HUGHES. Is this a matter of training—is there a demand for additional training funds, or have you been able to furnish enough funds to keep up with the demand?

Miss SCHNEIDER. No; we have not been able to furnish the training partially because of the lack of supporting funds for this service, and the time it has taken, especially in the rural committees, in talking with people and learning, within their timeframes, to get them involved in new kinds of educational programs.

Senator HUGHES. Do you have a drug problem in rural Colorado?

Miss SCHNEIDER. We certainly do; not just alcohol.

Senator HUGHES. Even in small communities?

Miss SCHNEIDER. Yes.

Senator HUGHES. What sort of evaluation has been done or may now even be going on to support this?

Miss SCHNEIDER. On the program?

Senator HUGHES. Yes; on your educational program. Do you evaluate the programs?

Miss SCHNEIDER. All right; I guess we have different levels of evaluation. The Department of Education has an internal and ongoing evaluation of the different projects. This usually provides data on the number of people reached, types of services provided.

Another level would be the feedback from the recipients of the service, the immediate feedback of the training program, for example. Another form of evaluation is that which is provided to USOE.

We are in the process of distributing and hope to have back by March 1 a survey with a request for information from each of the 181 school districts. This survey will give us current information about the kinds of programs that the schools have going, and give us some direction as to what they would like in the future.

Senator HUGHES. Do you maintain through your offices a cooperative relationship with the State drug abuse and alcoholism offices?

Miss SCHNEIDER. Yes; of necessity. The State Department of Health is our single State coordinating agency.

Senator HUGHES. They are the coordinating agency for alcohol and drugs?

Miss SCHNEIDER. Yes, and for the last 3½ years that I have been involved with the project, we have had excellent cooperation; we do much work together; incidentally, they have been responsible for funding many of the programs that I have conducted.

Senator HUGHES. Is the problem lessening any in Colorado, in your opinion? Has it leveled off or slowly increased, or what?

Miss SCHNEIDER. Even with statewide sampling on levels of drug abuse, it has been hard to tell whether it has increased or decreased. It is moving, it seems; as people become more aware of the kinds of problems, and become aware of how to define the problems, it would look as if it has increased, especially with alcohol.

Senator HUGHES. The alcohol problem is increasing among teenagers and even younger children, I suppose.

Denver used to be known as the "Crystal City." Does it still have that glorious title now?

It was an entry point for amphetamines during out earlier investigations. There was a wide distribution system. That would affect your local schools, wouldn't it?

Miss **Schneider**. I think as Dr. Bryant mentioned earlier, one of the major problems we recognize now is the poly-drug situation.

Senator **Hughes**. Do you have a special emphasis on alcohol education? Is it separated from the others, or are they all tied together?

Miss **Schneider**. We are trying to keep the two of them together. One of the things we recognized in our training program in the State 3½ years ago was our lack of emphasis on alcohol, with the emphasis on other drugs, and since that time we have used the phrase "alcohol-drugs" in order to emphasize to people that we are lumping them together.

Senator **Hughes**. If I understand you thoroughly, you want to see these programs of the Office of Education continued; is that correct?

Miss **Schneider**. Yes, sir.

Senator **Hughes**. Expanded, if they can be?

Miss **Schneider**. Yes.

Senator **Hughes**. More money available?

Miss **Schneider**. Yes.

Senator **Hughes**. And more training available so you can reach further into your State.

Miss **Schneider**. Yes. I think that it is essential to have a Federal agency provide leadership as well as some sort of capability, which gives us credibility for that program in the State. I think there is a need to provide a source of current, up-to-date information. As you know, the whole drug picture changes; people in leadership positions should have correct information as well as the scene shifts and changes.

Senator **Hughes**. Senator Javits?

Senator **Javits**. Yes. Miss Schneider, I would like to compliment you on your work and on your statement, and tell you that Senator Dominick wanted very much to be here, and you should know that. You're from his State, and he is very proud of what you have done, but he has to testify before the Interior Committee. He asked me to make this statement so that you would understand why he could not be here.

Also, Miss Schneider——

Senator **Hughes**. If you would yield Senator, I would like to interject, as chairman of the subcommittee, that Senator Dominick, has, as has Senator Javits, been a most active member of this subcommittee over the years of its existence. They have been very strong proponents.

Senator **Javits**. Also, Miss Schneider, Senator Dominick is a cosponsor, as is our chairman, of my bill, which the administration supports, S. 2848.

I would greatly appreciate it if you would look that bill over, and by letter give us a critique of the bill; one, if you like it, two, if there are changes you might suggest, and I ask unanimous consent that that might be incorporated——

Senator **Hughes**. Without objection, so ordered.

[The information referred to and subsequently supplied follows:]

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COMMENTS REGARDING S. 2848
From
Miss Janice R. Schneider
Consultant in Alcohol/Drug Education
Colorado Department of Education

The proposed bill (S.2848) to extend and improve the Drug Abuse Education Act of 1970 would provide for positive direction for future educational efforts in dealing with problems regarding alcohol and drug abuse.

By amending the bill to be cited as the "Alcohol and Drug Abuse Education Act" Congress is emphasizing their concern for the great problems we continue to confront regarding the abuse of alcohol as well as those problems regarding other drugs. The combined terminology supports Colorado's education efforts in that we have attempted to approach alcohol/drug education as part of a total program, not as two separate curriculum entities.

The proposed bill appears to be favorable in its support of prevention and early intervention programs. However, it may be appropriate to clarify the phrase "primary prevention" -- does this include those educational endeavors with students and adults who are not identified as users or abusers in an attempt to prevent problems with alcohol and other drugs? Can "primary prevention" deal with educational efforts regarding other forms of self-defeating behaviors including alcohol/drug abuse?

I would like to also commend you for your efforts to provide continuing support for alcohol/drug education programs that emphasize an affective approach to working with students and the stress on training and education for adults, including parents and teachers.

Senator **Hughes**. Thank you, Senator Javits. Miss Schneider, did you go through a special training program yourself?

Miss **Schneider**. In 1970, the U.S. Office of Education had four training centers. These were different than the training centers that Dr. Bryant was speaking about before. I did attend one at that particular time.

Senator **Hughes**. Where was that held?

Miss **Schneider**. San Francisco State College.

Senator **Hughes**. What was the duration?

Miss **Schneider**. Four weeks.

Senator **Hughes**. Was it a good program, in your opinion?

Miss **Schneider**. I think it was; I think we had the opportunity to be exposed to as much as was available to people then, knowledgewise, programwise, and in a way that was humanly difficult to do within that time period.

Senator **Hughes**. The problem was massive at that time. I suppose massive in your own State as well as it was in mine. With only 4 weeks training, you came back to set up a State program of training teams? Is that the way it happened?

Miss **Schneider**. Right. And at that time, during that first year, we did the training within the State, using State resources as well as drawing on people outside the State to help in the training program. And I would like to add that I think in the past 2 years, we have recognized the fact that it was probably a more effective approach for us in Colorado than it has been in sending teams to Texas for training at regional centers.

Senator **Hughes**. Do you feel you can competently run a training program of your own now in Colorado?

Miss **Schneider**. I think that we made a good start 3 years ago, and I think that we could, given the support.

Senator **Hughes**. Resources and support.

Miss **Schneider**. Yes.

Senator **Hughes**. The problem is the coordination and dissemination of new information on developments in order for you to keep in contact.

Miss **Schneider**. Yes, that is a problem.

Senator **Hughes**. Tell me, do you appear on teachers' programs to conduct seminars and so on?

Miss **Schneider**. My role is usually in the planning and design phase, and facilitating or helping things to happen for a school district or for a school. I don't have the time to really conduct a lot of these things myself, but help other people to do them.

Senator **Hughes**. I want to thank you for coming and testifying, Miss Schneider and to say what a value it is to us to have a State coordinator come and tell us what is happening. As you can tell from the administration's witnesses, we have some conflicts of philosophy in directions for the future.

You heard their statements, from which it appears to me that they are phasing out. They say not, but that they are going to gradually diminish their input and leave it up to the States to take over and effectively run the drug programs.

I am of the philosophy that we have not reached a point where the States have the ability to do that, and we need more funds and expansion of programs of the Federal Government and updating and training at local levels in order to be able to do that in the future.

But I think that your contribution will be helpful to us, and we appreciate it. Thank you very much.

Do you have anything else, Senator Javits?

Senator JAVITS. No, Mr. Chairman.

[The prepared statement of Miss Schneider follows:]

STATEMENT
TO THE
SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE
SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE

presented by

JANICE R. SCHNEIDER

Consultant in Alcohol/Drug Education
Colorado Drug Education Project
Colorado Department of Education

February 7, 1974

Statement of Janice R. Schneider
Consultant in Alcohol/Drug Education
Colorado Department of Education

This statement is in support of proposed legislation to extend the Drug Abuse Education Act of 1970 (P.L. 91-527) for an additional three years. As requested, I will present information about the drug education program of the Colorado Department of Education and my views on assistance from the U.S. Office of Education in the past as well as possible future of drug education.

COLORADO DRUG EDUCATION PROJECT.

First, I believe it is important to provide some background for Colorado's Department of Education Drug Education Project, especially as it has existed over the last three and a half years. Colorado's program efforts were enhanced with the designation of federal funds as of July 1, 1970, to the Department of Education under the Education Professions Development Act (EPDA), Part D, for the preparation of teachers to teach about drug abuse. After a state-level team completed their training at one of the national training centers in 1970, training was provided approximately three hundred sixty persons from all areas of Colorado including students, teachers and other school personnel, representatives of "community" agencies such as public health, welfare, law enforcement, and the clergy.

These "school/community teams" implemented a variety of drug education programs at their local levels actualizing the concept of the "multiplier effect in training." The teams received technical assistance and follow-up from the state training team. The members of the state team were part of the staff of the Colorado Department of Education and Department of Health.

A follow-up evaluation with the school/community teams showed that they had implemented a minimum of eighty-five specific action programs in their identified community within five months after training. (In some instances

Statement of Janice R. Schneider
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the "community" could had been a group of rural towns, the geographic areas of school districts, or in some instances, the county.)

The expenditure of the $40,000 federal grant for training during 1970-1971 was supported by special state appropriations for a one-year period, beginning July 1, 1970. This included monies to be distributed to the public school districts for "comprehensive health education programs emphasizing problems of alcohol and drug abuse." It should be noted that many of the school districts relied on their state appropriation in order to involve school personnel in the training workshops. However, the teams usually had to rely on local sources and their own initiative to acquire funds for their programs.

In July of 1971, the Drug Abuse Education Act of 1970 provided the continued support to the Colorado Department of Education for the Drug Education Project. The amount of the grant each of the past three years has been for $23,850 and has enabled the Colorado Department of Education to:

1) Provide for a full-time consultant in alcohol/drug education. This staff member has provided resource assistance to the degree possible to the State's public school districts as well as to institutions of higher education and other agencies and groups;

2) Continue emphasis on programs of alcohol/drug education. With a decrease in Federal and State funding for drug education, monies under P.L. 91-527 have enabled the Department of Education to focus on continued education and training for school and community personnel, and on providing some resource assistance to schools in program and curriculum planning and implementation. The Department of Education provided direction for emphasis on drug education programs that stress attitudinal and affective areas of education rather than the dissemination of

factual data on drugs.

3) Continue Involvement In the State's Inter-Departmental Approach to Alcohol and Drug Programs. In line with the philosophy that problems of alcohol and drug abuse do not belong to one agency, such as the schools, the Department of Education has found it essential that the staff person be actively involved with other state agencies, especially the Colorado Department of Health, the single state agency in Colorado for coordinating programs regarding alcohol and drugs. The drug education consultant is a representative of the Department of Education on the State Alcohol and Drug Abuse Advisory Council and its subcommittees. The Advisory Council, according to state statute, reviews requests for monies for alcohol and drug programs, makes recommendations regarding program priorities for funding, and reviews the State Plan for Alcohol and Drug Programs.

The drug education consultant also works with the Interdepartmental Task Force on Alcohol and Drugs, assists in the planning and implementation of some of the educational programs of the Colorado Department of Health and other state and local agencies.

ASSISTANCE FROM U. S. OFFICE OF EDUCATION

Assistance from the U. S. Office of Education has involved, basically, the distribution of project funds, collection of evaluative data, and the providing for liaison between the State and Federal program.

The assistance received from the U. S. Office of Education, Office of Drug Education/Health and Nutrition Programs, has been limited by the small staff and their overwhelming responsibilities with the national drug education program.

Assistance from their office usually, then, must be conducted by mail or telephone. The information Support System developed by U.S.O.E. and the E.F. Shelley Company facilitates the process of providing data on a quarterly basis regarding the drug education programs in the States. However, this does not provide for extensive monitoring and evaluation as can be accomplished by regular on-site visits.

I think that the U.S.O.E. staff are to be commended for their leadership and the philosophical direction of the national drug education effort. The Colorado Department of Education Drug Education Project is in agreement with the need for a variety of program approaches for dealing with problems of alcohol/drug abuse, the necessity of all age groups and agencies cooperating in such efforts, and even more basically, that drug education is not solely the providing of cognitive or factual information but deals with an individual's level of decision-making, self-concepts, values, and other confounding numbers of variables.

It has been interesting to note the change in philosophy of the Special Action Office for Drug Abuse Prevention from their initial establishment to the present. It is my perception that drug education was among their lowest priorities in the federal strategy; thus a conflict of expectations of the federal agencies then involved with drug education. However, in the fall of 1973 the materials distributed by the Special Action Office as a part of Drug Abuse Prevention Week were expressing the same attitudes as U.S.O.E. had been voicing for several years ... cooperative efforts among agencies, involvement of youth, the need for dealing with the "underlying problems," and so on.

In short, the level of assistance that U.S.O.E. has provided has been of value to the Colorado Project. Ideally, we would have had more assistance except for the realistic limitations I've mentioned earlier.

Considering that the focus in drug education can include many modern living issues faced by young people today, that we are basically concerned with responsible decision-making and opportunities to learn how to live as well as learning to make a living, I suggest the following areas of need that could be approached through continued drug education:

1) We need to train those who are to become teachers and retrain those who are already teachers in an effort to humanize education in order that children and youth can learn to make responsible decisions, that they can develop and enhance positive self-images;

2) We need to expand efforts in helping children, youth, and adults to continually identify meaningful alternatives to all forms of self-defeating behaviors including alcohol/drug abuse;

3) We need to expand programs regarding mental health as well as physical health, by training or retraining teachers, even parents, to promote positive mental and physical health;

4) We need to support a variety of school and community based projects in order that resources and services are readily availal - to meet the varying needs of people. This can range from the use of media in providing education to all segments of the citizenry, to providing alternative educational approaches in schools, to the walk-in centers within the community.

Continued and increased funding for drug education would enable us to expand our current education and training efforts, to capitalize on the changes already effected. Solid funding support in this effort would certainly substantiate what we have learned and what we believe in as drug education.

Senator **Hughes**. There being no further business before us, this morning, the hearing is recessed until tomorrow morning at 10 o'clock.

[Whereupon, at 12:43 p.m., the hearing was recessed to 10 a.m. February 8, 1974.]

DRUG ABUSE EDUCATION AMENDMENTS, 1974

FRIDAY, FEBRUARY 8, 1974

U.S. SENATE,
SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The subcommittee met, pursuant to recess, at 10:40 a.m., in room 4232, Dirksen Office Building, Mary Ellen Miller, subcommittee counsel, presiding pro tempore.

Present: Senator Randolph.

Staff present: Miss Mary Ellen Miller, subcommittee counsel; Robert R. Humphreys, special counsel, full committee, and Jay B. Cutler, minority counsel.

Miss MILLER. Senator Hughes, chairman of the subcommittee, has asked me to apologize to the witnesses and guests for his unavoidable absence this morning. Because of the snowstorm in Washington today the Senator was unable to reach the Senate. After spending more than 2 hours, he had only traveled 2 or 3 miles from his home in McLean, Va., and had to turn back.

Senator Hughes has therefore asked us to open this hearing in his absence in order to avoid unnecessary inconvenience to the witnesses, especially those who have traveled here from out of town and who cannot stay over until next week.

We have tried to reach other members of the subcommittee to chair the hearing but most of them are having the same difficulty as Senator Hughes.

For the sake of those of you in our audience, I am Mary Ellen Miller. I am counsel for the subcommittee. This is Mr. Cutler, who is the minority counsel.

Our witnesses today are all people who have firsthand knowledge and experience in various aspects of drug abuse education and with the program administered by the Office of Education. They represent the different levels of involvement, national and local, and they have a wide variety of professional experience.

I am sure that each one will give us valuable insights.

We are pleased to welcome them to the subcommittee on behalf of the members.

We now receive for the record a statement of Senator Milton Young from the State of North Dakota.

STATEMENT OF MILTON R. YOUNG, A U.S. SENATOR FROM THE STATE OF NORTH DAKOTA

Senator YOUNG. Mr. Chairman, and members of the committee, I appreciate this opportunity to express my deep personal concern for the community-based drug education programs that have been supported by the funds authorized for drug abuse education. In doing so I would not want these remarks to indicate any opposition to the equally important school-based programs, but rather to reflect my own view that both of these authorities should continue.

I know you are well aware of the great outpouring of interest from our States, communities, and schools, to attack drug abuse. One indicator I would cite was the more than 900 applications the Office of Education received when the drug abuse education program was implemented.

Mr. Chairman, I personally am quite familiar with the very successful program of the Awareness House in Bismarck, N. Dak. Awareness House has provided our youth with technical advice and counseling on drugs to the extent that the people of North Dakota will tell you, without exception, that this is the most effective way of dealing with drug abuse. The people of Bismarck have annually provided the greater share of the support of Awareness House, and that is solid testimony of the strong local support this program enjoys. However, the money from the Office of Education is necessary and has been the critical difference in maintaining what has been termed "a successful model" in our Appropriations Committee hearings by top Office of Education officials.

I strongly believe that it would be a tragedy to lose the highly worthwhile community-based programs such as that in Bismarck, and strongly urge this committee to insure their continuance in your bill.

Miss MILLER. I would like to call the first witness, Mr. Arthur Jaffe, who is director of the SPARK program, Board of Education, city of New York. SPARK is an acronym for School Prevention of Addiction through Rehabilitation and Knowledge.

Mr. Jaffe is accompanied by a student who participates in the SPARK program, Mr. Eric Richards.

Mr. Jaffe, we would like you to proceed in your own way

STATEMENT OF ARTHUR JAFFE, DIRECTOR, SPARK PROGRAM, BOARD OF EDUCATION, CITY OF NEW YORK, ACCOMPANIED BY ERIC RICHARDS, STUDENT, JULIA RICHMOND HIGH SCHOOL, NEW YORK, N.Y.

Mr. JAFFE. Thank you. I would like to summarize the bulk of my testimony, and be able to respond to questions that you might have.

Eric is a student at Julia Richmond, and he will be able to speak in terms of at least one student's perception of a program within one high school.

I am delighted to be here despite the conditions outside which were, I must admit, very exciting. A few inches of snow does quite a job on this city, apparently. It is scary.

I think my being here is important, not necessarily for what I am about to say, but basically because I think it indicates a concern and an interest on the part of the Federal Government with respect to school based drug prevention education programs.

I welcome this kind of concern. It has been, I think, woefully lacking to date. Up until the present time the SPARK program, which is based in the city of New York, and the 96 high schools of the city of New York, has been funded solely by the Drug Abuse Control

Commission of the State of New York, through the Addiction Services Agency of the city of New York.

It is a $4 million program, and to my knowledge—and I may not be totally expert in this—but to my knowledge not $1 is Federal money.

I think it is of great concern, and of really great hopes to school base programs throughout the country, and certainly in the New York City area, that Federal money be forthcoming to help with these programs.

The SPARK program operates, as I said, within the 96 high schools of the city of New York, with a total population within those 96 schools of 300,000 youngsters.

We have maybe an overall philosophy. We operate on a number of assumptions, one of them being that there is a distinct difference between a youth culture and an adult culture operating within one environment, namely a school.

We see these two cultures at their extremes, being very often in a point of conflict. The conflict is around lifestyle and values.

One of the assumptions that we make is that it is the function of a school base drug prevention program to bridge the gap and to facilitate communications between the two potential adversaries, so that if this is successful, there will develop the kind of an academic quid pro quo, in which kids will see schools as something other than potentially stullifying institutions where they do a 6-hour bit a day, and on the other hand schools will see kids as people whom they can relate to on a feeling level.

Implicit in both is a kind of responsible decision making and mature behavior in order to facilitate a process of communications.

With respect to the programatic philosophy, we simply do not believe, because we have had no evidence to date, in the thesis that the dissemination of information alone will change behavior, and we feel that a school base education and prevention program is in the behavior changing business

We do not focus on drugs, per se, in a drug prevention program Our program does not at any rate.

We firmly believe that there is an adolescent backlash taking place, and there is nothing more self-defeating than some adults going into a sermonizing and moralizing rap vis-a-vis drugs.

As an NFL fan, if I see another football player do his number for 30 seconds about the horrors of drugs with a 5th year reading level I may join the adolescent backlash.

One of the things certainly would be to eliminate that kind of expenditure for nonproductive kind of endeavors.

We believe that people in the program are the key to the program. Our staff, the people that are involved with kids, and you will hear from Eric in a little while—he will not talk about me, and he will not talk about program designs, but he will talk about Ron, about George, about Syd, and about Charley, and so on. These are the people that make a program.

Without people who can relate to other people, without warm caring concerned human beings, you do not have much of a chance in launching a successful school base education prevention program.

One of the important tasks facing any group that is about to put together a program within a school is staff selection, and I would urge there that the total focus not be on paper resumes, but a good part of the focus emerge through some kind of a group interview in which the goal is to assess the quality of the human being that is applying for the job.

When people come into the program, and we have a staff of approximately 175 people, and of the 175, approximately 70 are nonboard of education pedagogues—sometimes I will lapse into New York City Board of Education jargon, and that is one piece of it.

We call our nonboard of education personnel, instructors of addiction. They are community people, and some 30 to 35 of them are ex-addicts, and they come with a different perception of the problem, and their marriage, where we married them up with our professional staff has been to date, we think, productive.

We get them involved in a serious training program which focuses heavily on development of group process, focuses heavily on utilization of training such as reality therapy, peer group pressure, et cetera.

We believe that maybe the single most effective way of changing a young person's behavior would be through peer group interaction with a mature adult facilitator playing an activist interventionist role in terms of moving that group.

We do not as a program subscribe to pure peer group without skilled facilitator intervention. There is nothing inherently virtuous in a peer group. I would think that theoretically the model peer group that comes to my mind is the Manson gang. Had there been a facilitator involved with the Manson gang, they might at this point be working in some worthwhile project in California.

We do not subscribe to one-shot raps. We do not subscribe to large assembly programs. We do subscribe to young people meeting together on a regular developmental basis.

There is a process that hopefully the groups follow, starting with the development of mutual support, cohesiveness and trust. Some of the groups have taken to calling themselves the family, or the brotherhood, et cetera, expressing the concept behind this feeling of mutual support and trust.

There are specific ways of obtaining this, and this is part of our training program obviously.

When the group has done this, they then move to dealing with their feelings, their feelings about themselves, and their feelings toward each other.

Basically as an institution, schools have very rarely focused on feelings. They have focused primarily on cognitive skills.

We believe it is extremely important for an integrated person to know how he feels, what he feels, and to be able to relate this to other people, but to say feelings alone is only, we think, doing half the job.

The movement should be from feeling, upstairs, to a more visceral approach. That would involve problem solving and decisionmaking.

Within that context, young people are not too dissimilar from city to city, State to State. There are problems inherent in the nature of adolescence, young people have areas of problems, the home, their relationship with their parents, and the school, I would suggest, is an area that gives young people problems.

Their feelings about themselves, their interactions with each other, the whole sexual component, sexual identity, which is developing in a very rapid pace at this time, and within the groups young people are taught to identify the problem. Very, very often we operate with vague feelings of misgivings, discomfort, depression, and not understanding why and being able to identify what the problem is. We think that is important.

After the problem has been identified, the youngster is asked to identify what he wanted within that problem area, what were his goals.

If it is a classroom situation, what was his goal there? Was his primary goal to down the teacher in an interaction in terms of the teacher downing him, was his primary goal to pass that class or get out of that class?

What was his goal?

Then the group, consistent with the statement of the problem, and the statement of the goal, the group will then advance alternatives consistent with the latter. Each alternative will be explored in terms of the consequences, and then through group process, and through individual decisionmaking, the youngster will opt for one of the alternatives after having explored the consequences, will test it out in real life and get back to the group in terms of what actually happened, and this is grist for the mill.

In addition to ongoing peer group, we are involved in individual counseling, group counseling. We are trained, a peer leadership, working with us and coleading.

Eric's school comes to mind—kite flying contest. I think Ron is into kite flying over there.

Photography workshops, and so on, and we think if a program is saying to youngsters that drugs is not where it is at, then it is incumbent upon the program to help the youngsters develop alternative lifestyle and an alternative way of handling himself.

We have four operating modalities in the 96 high schools. In each school we have one person we call the drug education specialist. In 35 schools we have married that one person up with a community person. In nine schools we have intervention centers where we have six people, and there even though the design has broken down to some extent this year, but by and large we have an interaction between a psychologist, a social worker, guidance counselor, attendance teacher, and two community people working together as a team—Julia Richmond has that, even though they lost their social worker.

Finally the training of youngsters to work with our staff in coleading, in recruitment and working with youngsters, and helping to facilitate a proper referral to a therapeutic identity when addiction exists.

We are not a treatment program, even though I must say we have aspects of primary prevention, intervention, and I suspect there is an overlapping into the treatment area, depending upon your definition of treatment.

Certainly where a youngster is heavily addicted we are not equipped to cope with that.

I will not trouble you with some data this year. It is in the report. I will be glad to respond to any questions on that.

We attempt to work with parents. We have not been particularly successful in this endeavor. I can only speculate as to why, one, I think there is a credibility gap between the parents and the school.

Two, I am not totally sure that given our need to prioritize our thrust, that we would prioritize parents high up on the list. The youngsters are with us for approximately 6 hours a day. They are kind of a captive group. Parents are not.

The parents are also reasonably set in their ways. We have the young people. We can teach the young people, and I think we are able to work more effectively than attempting to change parents.

What we have done though, is have some parent groups, where the parents can hear other parents articulate problems that they thought may have been peculiar to them, but which really are not.

With 300,000 students in the city's high schools, it becomes important particularly for one person operating a school of 5,000 kids to set up some kind of priority scale, ranging from number one priority, those youngsters who are heavily addicted, to those youngsters who are straight and wish, for example, to move into peer leadership training. In between we have experimenters, and we have kids who have been dipping and dabbing for a period of time.

We have worked with teachers and with staff. The goal there is to try to change the climate within the classroom by allowing teachers to understand what is happening, what their feelings are, by mixing teachers in with students in a group experience, so that both can share each other's perception of that classroom.

It makes for a valuable exchange, and we have found that it has improved performance within that classroom. Of course, I think what is operating there is that those people who get involved on a voluntary basis tend to select themselves out. They would probably have rather successful experiences anyway, but since I am not certain, we might as well claim credit for that.

One folk myth that I think I will address myself to is the exaddict being able to relate better to young people. We do not necessarily buy that.

Again, there is nothing inherently virtuous in being an exaddict. We are more concerned with the kind of person he is.

We have found that in our training process we have had to retrain exaddicts away from the encounter approach which may have some validity in a therapeutic community with addicted people, may have, but has little or no validity in a school situation because it is predicated on an ego-stripping approach with the assumption that when the ego is thoroughly stripped, the vacuum will be filled by positive, healthy, constructive kind of substances and approaches, and this simply is not relevant to kids who are not addicted, so that has been necessarily a retraining program.

We believe in change within a school system. We think that that is critical. We think it is important that we be seen by the system as helping agents, not seen as people who are there to rip off teachers, administration, et cetera.

There is a kind of tightrope that you have to walk in order to maintain credibility with the school personnel and with kids, because if both see you as a service agent, then you are doing your job well.

If the administration, for example, sees you as purely a child advocate with aspects of radicalism, whatever that may mean, then you constitute a threat, and it makes it very difficult for you to work with the faculty and administration.

If on the other hand kids see you as another houseman, then your credibility with the youngsters disappears, and your effectiveness disappears.

So the whole concept of negotiating the system is important in terms of training.

Finally, I would like to comment on what appears to be happening in the drug scene within the high schools.

Hard drugs, heroin, specifically, would appear to have disappeared virtually from the scene. I do not have hard data to support that.

Bob Newman in the Narcotics Register says that the narcotics council has come up with data which would also indicate that by all indexes we have turned the corner at least on heroin.

We do not have glycene bags in the bathrooms. I know at your school, Eric, 3 years ago it was quite common.

The amount of OD's that we have—I have not heard of an OD this year. Three years ago there were a number. I have not heard of emergency ambulance calls. I am not saying that heroin does not exist—please do not misunderstand.

It would appear from all we are saying that we have turned the corner on heroin. That concerns me too, because there was an emotional rallying cry throughout the country responding to the spector of heroin moving from the ghetto out into the suburbs.

When this specter disappeared, I hope that the concentrated effort and thrust and moneys and know-how that went into that does not disappear with it.

Because the problem is there, and it may be taking an even more insiduous form.

We find that there is a heavy use of pills, a heavy amount of poly drug abuse, a tremendous rise in alcoholism, in combination with the pills, particularly downers.

Cheap wine is prevalent, and appears to be standard operating materials prior to going to any social event.

I would suggest that the approach that we are employing within the SPARK program dealing with drugs is equally applicable to dealing with alcoholism, where you did not focus on alcoholism per se, but you focus on the kind of loneliness, kind of peer pressure, kind of inability to cope with reality that will cause people to move toward alcoholism.

One of the things that discourages me is evidence that I see in articles, and so on, where people dichotomize between alcoholism and drug abuse.

I do not think that is accurate.

I have a number of recommendations which I think you can read that deal with schools of education, and with schools that go well beyond drugs.

As I think you cannot focus on drugs with schools, I think there is a need for some serious change and restructuring, particularly in terms of building into the school experience, scheduled ongoing peer gro[illegible]actions with people who are trained.

Hopefully, this is where the Federal Government can make a contribution by encouraging training on a national basis for people around this kind of thinking.

I would like to kind of stop now. I know Eric has much to say with respect to his school and his own experiences. I think I will keep quiet at this point, and I would be glad to respond to any questions.

Thank you.

[The prepared statement of Mr. Jaffe follows:]

SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS

FRIDAY, FEBRUARY 8, 1974

Testimony given by: Arthur Jaffe, Director SPARK Program

Gentlemen:

I wish to take this opportunity to thank you for extending an invitation to me to testify before this distinguished group.

In my judgment my testimony must be of importance, not so much for what I am about to say, but certainly because my presence alone indicates an interest and concern on the part of the Federal Government with respect to school based drug abuse prevention and intervention programs.

Up until the present time the sole source of support for school based drug prevention and intervention programs has come from the New York State Narcotics Addiction Control Commission now known as Drug Abuse Control Commission. The New York City Addiction Services Agency has joined them in terms of full monetary support and encouragement. The Federal Government's expression of interest and concern, while late in coming, is eagerly awaited and regarded as a potential source of great help in the future.

In my presentation I will deal with the philosophy, organization and operational procedures of the SPARK Program which functions under the aegis and with the support of the Office of High Schools of the New York City Board of Education. Please be advised that while I cannot speak for the 32 district school based drug prevention programs, they contain among them some of the best practices existing within the area of drug education and prevention.

There is a war taking place within the schools of New York, certainly for the bodies and possibly for the souls of the young people--the students. The adversaries are represented by their extremes are a youth culture in which drugs both for pleasure and escape play an integral part against another culture--an older, straighter, almost Calvinistic life style. The latter is represented by the school systems, their administrations and faculties.

Given this situation, it then becomes the function of any school-based addiction prevention program to bridge the gap between the two polarities. In order to be successful, such a program must not only help restructure the learning and feeling climate of a school but also change the processes young people go through to arrive at decisions. It is hoped that as a result of this process, students and schools can develop an academic *quid pro quo*. Rather than monotonous, six-hour-a-day institutions, schools may be viewed by youth as growth-producing places. In turn, schools hopefully will see each student, and equip him to solve problems, as an individual rather than as a product for and of the educational assembly line.

This, then, I believe to be the role of school-based drug prevention programs in general and the SPARK (School Prevention of Addiction through Rehabilitation and Knowledge) program in particular. Located in each of New York City's 96 public high schools, SPARK regards drugs as a symptom of other problems. We therefore train our staff to operate so that they spend less than five percent of their time dealing with drugs *per se*. Nothing guarantees adolescent turnoff more quickly than an adult's going into a sermonizing, moralizing and scarifying bag with respect to drugs. Young people today are far too sophisticated to pay much attention to this kind of approach. Media bombardment of an all-but-captive audience with hordes of football players who read in halting voices from cue cards about the dangers of drugs has almost produced an adolescent backlash.

Rather, I subscribe to the thesis that drug education that merely disseminates information does not change behavior. For example, millions of Americans recognize that smoking does them great harm; however, millions of Americans continue to smoke. It therefore follows that the way to change behavior involves something more than scare tactics, repetition or mere dissemination of information.

It is SPARK's belief that healthy people have integrated personalities and that change of behavior toward this end is predicated upon visceral as well as cerebral inputs. In order to facilitate this integration, the selection of staff for any addiction prevention program is crucial. The SPARK Program, for example, is a people program. In every instance where we have interviewed potential staff members, we have set up stress role-play situations. These enable us to judge whether an applicant is a concerned, caring human being who can relate to his own feelings as well as those of the people he comes in contact with.

As employees, these flesh-touchers become the cornerstone upon which this program is built. First, despite their degree of expertise or training, they undergo intensive and ongoing training in reality therapy, sensitivity, humanistic education and other group techniques enabling them to feel for an deal with people. This, plus a personal warmth no amount of study can provide, enables them to develop a kind of sanctuary within the school where young people can go to learn to like themselves, cope with one another and to grow.

The SPARK Program advocates change of behavior through the utilization of peer group support and pressure. Almost as a matter of course, our workers must develop ongoing, cohesive groups of young people meeting at least once a week. Some of our groups have taken to calling themselves the Family, the Brotherhood or the People's Center as they begin functioning in a supportive way.

Because SPARK does not subscribe to one-shot raps or assemblies, the following small group interaction process takes place. The group (of preferably 10 or fewer members) is encouraged to relate to feelings. They learn how to deal with anger, joy, despair. They then move from feelings to problem-solving. The groups zoom in on how to identify a specific problem. An individual in the group concerned with that specific problem discusses his goals or what he wants within this problem situation. He is asked to describe what he did or what he would do in the situation.

Next, the group explores various alternatives consistent with that youth's goal. They turn, finally, to the consequences of each alternative. It is hoped that by the end of this process, the young person will emerge with a non-self-destructive alternative for solving a specific problem. Each alternative will be tested out within the group through role play and then there is generally a psychological homework assignment in which the youngster tries out his alternative and reports back to the group the following week on how it went. The payoff hopefully is the internalization of the above process by the group members.

The recent Jencks[1] report indicates that the mere acquisition of cognitive skills plays a small role in terms of a student's achieving a successful career. SPARK subscribes to this basic thesis and through the use of groups and humanizing experiences that are taking place within its centers, hopes to be able to provide young people with some affective skills necessary to live effectively and happily.

Group and individual counseling are only two means to this end, though. Our program has at least as many other approaches as it does schools. For example, SPARK trains peer leadership cadre, makes home visits, instigates parent workshops and parent-child group sessions, strives for community involvement, develops curriculum and, to involve the school system in all this, teaches training courses to teachers. SPARK also means accompaniment of emergency cases to local hospitals, visitations by staff to "feeder" junior high schools, student field trips to therapeutic communities and poetry, guitar, karate or yoga "therapy."

To accomplish all this, the SPARK Program relies on four modalities. The first, a trained Drug Education Specialist (DES), is available throughout the schoolday in each of the 96 high schools. Forty of these schools in areas with the highest indices of drug abuse are also staffed

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[1] Jencks, Christopher and research associates at Harvard University's Center for Educational Policy Research. Inequality: A Reassessment of the Effect of Family and Schooling in America. New York: Basic Books, 1972.

SPARK SERVICES FOR ADDICTION EDUCATION AND PREVENTION

	Offered to				
	SPARK Staff	Students	Faculty	Parents	Community
Counseling					
One-on-one		X	X	X	X
Small group interaction sessions	X	X	X	X	X
Education					
Group leadership training	X	X	X		
In-service training			X		
Curriculum development		X	X	X	
Workshops				X	X
Referrals and Emergency Care		X			
Social, Cultural and Recreational Alternatives to Drug Abuse		X			

by a community worker known as an "Instructor/Addiction." Together the DES and Instructor offer individual or group counseling before narcotics are accepted as an alternative to emotional problems; answer students', parents' and teachers' questions about drug abuse or refer addicted or disturbed students to local treatment facilities.

Third, a core of students is aiding the DES's throughout the high schools. These youth were selected from schools and trained in sensitivity, encounter and other group leadership techniques at a SPARK Summer Institute. Their goal: to replace adult authority figures with youth who are dedicated to turning other students around, developing a counterdrug culture and recreating the learning climate of the public schools.

The fourth modality involves staffing several schools with a psychologist or social worker, a guidance counselor, an attendance teacher, a classroom teacher and two Instructors/Addiction (some of the latter, former addicts). These "intervention and prevention centers," as they are called, are located in nine different high schools in the five boroughs. The nine schools were selected on the basis of need, available space and receptivity of the school administration.

During the first semester of the 1973-74 school year and based on reports of 81 schools out of the 96, the following data was collected: a total of 50,916 students reached in introductory classroom sessions and 52,663, at least once in large groups. SPARK staff counseled 10,092 students throughout the term of which 8,387 are presently active; 5,634 of these students are being seen individually and intensively; 2,379 are being seen in regularly scheduled small group interaction sessions; 374 students are being seen primarily for social alternatives.

In-school referrals to guidance counselors, medical staff and other pupil personnel workers, totalled 1,279. There were 903 referrals made for out-of-school treatment.

Above and beyond the registered SPARK students there were 579 indivudual conferences with returning graduates and 318 individual conferences with returning drop-outs.

Lastly, 8,767 faculty members were addressed in faculty conferences; 310 faculty members participated in DES conducted in-service courses, 555 participated in DES conducted workshops, and 714 faculty members were seen for individual conferences with DES.

2,846 parents were addressed in PTA meetings and an additional 733 were seen for individual conferences with DES.

With 300,000 students in the city's public high schools, though, how was a target population selected and, equally important, how was it reached? Generally it might be said that the program is open to all students in the school who see the need to look at their personal difficulties. But when one Drug Specialist services a school of 5,000 students, his goal must be more closely defined. He must set up a sliding scale of human priorities and work first with the student drug abuser; second, with the experimenter; next, with the drug-prone pre-addict and finally with a core interested in group leadership training. This last group might include any young role model from the school president to a future social worker to a truant whose reversal of behavior could affect his own and other students' lives as well.

Referral to the program is a two-way street. Some students come to SPARK through the existing network of counselors, attendance teachers, health personnel and other school faculty members, as well as through parents, community agencies or self-referrals. Other students are sought out. The drug abuser, experimenter or drug-prone student often leaves a trail of evidence through his alteration in behavior, so SPARK workers follow that trail with respect to attendance, achievements and interests, as well as deteriorating interpersonal relations. In one school that might mean confronting aggressive, acting-out students involved in student-teacher conflicts or student-student "ripoffs"; in another, it could lead to singling out truants, academic underachievers, withdrawn students or those having problems at home.

The problems SPARK seeks to solve can be more serious than drug abuse but, then again, hard-core abuse is too serious for SPARK. Students found to be already addicted or showing psychotic tendencies are referred either to therapeutic communities or to medical and psychiatric institutions. After all, the name of the program is prevention, not treatment.

To provide this many-pronged program within each school, SPARK workers must service students, teachers and parents alike. For students, they provide:

(1) A knowledgable, empathetic and wholesome model with whom to "rap" about problems and seek solutions;
(2) A chance to participate in and be responsible for peer group attitudes and behavior in school, home and community with emphasis on decreasing drug abuse;
(3) Such alternatives to non-coping behavior as social and recreational activities;
(4) A resource source on internal and community services available to students with problems;
(5) Relevant educational information on drug abuse, with a high component of overall attitudinal change.

For teachers and other school staff, SPARK provides advice and information on drug abuse, resource materials and curriculum adaptations in every subject area on all aspects of the problem, a catalyst for cooperating with other programs existing within the school and opportunities (in-service courses, conferences, demonstration lessons) for training in classroom techniques conducive to prevention of drug abuse as well as to change of behavior.

Last, for parents and community agencies, the school Drug Specialist is an informed consultant, resource and liaison on the many problems arising out of drug abuse and its prevention.

One folk myth which has heavy economic roots is that former addicts are able to relate better to young people. SPARK has found that, like bananas, there are good and bad ones in the bunch. Our concern has been to select the best human beings, whether they be ex-addicts or not. At present, we have approximately 35 ex-addicts of some 70 community workers and over 170 people in the SPARK program.

In all cases, we have found a heavy period of reorientation and training necessary. The encounter approach which most ex-addicts have lived through as a result of their experiences in therapeutic communities is simply not relevant to our target population. The ego-stripping approach which presumably leaves a person open for personality reorganization, cannot be used with those subject to the insecurities and strains of adolescence.

The SPARK Program, then, is a teacher who receives a long-distance collect call from a runaway student, who waits at the airport til midnight for the student's return and then intercedes as the youth's advocate before her parents until four in the morning. And it is also the community worker who talks 18 Bronx gang members, including two vice, presidents and a warlord, into once-a-week discussions on whether a man should have fears, the propriety of admiring another youth's physique and the masculinity of Beethoven, Shakespeare and John Donne. Again, SPARK is a people program, dealing with human feelings, emotions and gut reactions.

Because change is the cornerstone of a drug prevention program--for workers, students, administration and system alike--SPARK must consist of personnel skilled at negotiating the system in which they find themselves. In this instance, we are working within schools. It, therefore, becomes critical to understand the nature of the threat any new program constitutes within an established institution. SPARK personnel must work almost as hard at being seen providing service within the school setting as they do providing that service. It is not the function of the

SPARK Program to radicalize schools, nor can we allow staff to meet their own needs rather than those of the school at large.

Based on three years of experience with SPARK, I make the following recommendations for any school-based addiction prevention program located within an urban center:

(1) A policy-making vehicle should be created in which students play a meaningful role.

(2) School systems at the junior and senior high school levels certainly--and probably elementary school as well-should include a regularly scheduled, mandated group experience. Probelm-solving, decision-making and strength-building would be its focus.

(3) Personnel without college degrees, such as ex-addicts, must be utilized to a greater degree within the school system. They would either conduct or assist with the mandated small group interaction.

(4) Humanistic education must be systematically explored and disseminated throughout the school systems and teacher-training institutes.

(5) Evaluation tools should be developed in order to determine which addiction prevention programs work and why, as well as to recommend methods of replicating successful models.

(6) Teacher selection for teacher training institutions must be restructured. No longer should the ability to pay $60 a credit hour turn a teacher manqué into a full professional. Instead, the basic requirement for the profession should be his potential as a caring, dedicated, humanistic educator.

(7) Teacher training must include a heavy required emphasis on group dynamics courses. These would allow teachers to deal with themselves as people and, consequently, to grow.

(8) There should be a marriage between academicians and doers. Research-, paper-oriented people without the ability to do can no longer unilaterally design programs. Instead,

thesis preparation and program planning should be a collective effort aligning theorists with action-oriented implementers.

(9) A total moratorium should be declared on all television anti-narcotics "spots" in which a semi-articulate athlete sermonizes about the dangers of drugs.

So the SPARK Program works--emotionally, intellectually and politically--with a whole new concept in education. It has junked the theory of a generation, even 15 years, ago that the readiness of a high school student for meeting life's challenges could be judged solely by his academic achievement. SPARK no longer sees that as truth. We believe that students' having a value structure they can understand and realize, their being mature and responsible, achieving interaction with people of disparate ages and backgounds and living fully and happily by means of non-self-destructive behavior are rightfully judged to be as important a gauge as a high school report card.

A challenging byproduct of a drug education program that seeks to do more than educate about addiction is that, if successful with its counseling, that program may keep many of the city's 300,000 high school students from sticking a needle in their arms to escape from reality. Even more important, the program, an enlightened faculty and caring community--as well as students prevented from abusing drugs plus trained to deal with emotional problems--can together significantly improve the quality of education in the city's school system.

Miss **Miller**. Eric, would you like to tell us what you think, and then we will question you both?

Mr. **Richards**. In my high school, Julia Richmond High School, Manhattan, 3 years ago we had a really prevalent heroin problem, and it was dominating, that you would walk through the hallways, and unless you were in it, you would be endangered by it.

Miss **Miller**. Would you pull up the microphone a little bit, please?

Mr. **Richards**. We had a very heavy heroin problem in our school about 3 years ago. It was really heavy, you know, walking to class, trying to get to class, even trying to enter and get out of the building.

We had a security force that was virtually ineffective. If you were not part of the problem, in a sense you were the problem to them.

It was pretty bad, if you had any money, because if you went in with money, the chances are pretty nil of your coming out with money.

It was really a frightening experience in that level. But due to the efforts of the SPARK program in our school, and more specifically Ron Austin, who is our drug education specialist, the problem as far as heroin goes has been virtually annihilated.

We still have drugs in our school, in a smaller concentration due to the new drug law in New York State, and partially due to the SPARK program, and peer pressure, and those that do get high—well, their whole awareness of getting high, and why they do it, and I myself encountered drugs for about 3 or 4 years before I went into SPARK.

By being in SPARK, I found how irrelevant it was and how relevancy was important to my development.

In the SPARK program in our school there is more of an emphasis on changed students, honesty and consideration.

Those two words are known to epitomize the SPARK structure. We have viable alternatives in terms—it is one thing to say do not take drugs, but it leaves a vacuum there.

What is the alternative to taking drugs?

What was the reason that you did take drugs?

With that in mind, we have programs outside of the SPARK program in our school, weekend trips to Connecticut, which makes it easier for somebody, who has really a bad home setting, really bad neighborhood setting, who really wants to get it together, just wants to get away from it like a few days and go out to the country, and sort of coexist in a mutualistic sense in nature, which is really a beautiful feeling.

We have a portrait club which has a magazine, which is really influential for those who have problems or feelings, and no one else will listen to them, you know, and sometimes it is easier to write down something as opposed to coming out and saying it.

It is through that articulated medium, through that and many other mediums that SPARK has made our school better.

Mr. **Jaffe**. Eric is the editor.

Mr. **Richards**. Yes, of the magazine.

There are a variety of reasons why people get into drugs. I think the most important one is a sense of loneliness. I think at least for me in particular you feel alone, if you are not, and you feel alone even when you are.

To combat that loneliness, you know, you have to understand that people care, and with the awareness of this caring can develop a sense of trust in yourself, a sense of trust in others, that once manifested in you, can give you the type of tenacity and perseverance that is necessary for survival.

That is all I can say.

Miss MILLER. Eric, how did you happen to get into the SPARK program?

Mr. RICHARDS. Well, I had a really lousy record. I used to be in the halls, causing trouble, I was very disorderly, and sort of nonchalant about school and myself.

Well, my guidance counselors and advisers said that I had potential, I was not using it, and why did I not go to SPARK and see how it was.

Initially I said, "Wow, why should I go to SPARK? What are they going to do for me?"

I was really alienated in terms of the whole idea of SPARK, because I figured they could not understand me. At that time I was not really understanding myself.

When I went up there, I was scared, really uneasy, a sense of fear, but they showed me that they had faith in me, and through that faith in me I had trust in them.

Miss MILLER. What do you do in SPARK now? Are you one of the students who received training?

Mr. RICHARDS. Currently I do not have a group—the last time I had a group of my own, with the assistance of counselors, and I am president of the SPARK magazine, president of SPARK photography, so it is public affairs as well.

I go out and we try to organize things so we can go into the school and bring the families together.

Miss MILLER. Are you a high school senior?

Mr. RICHARDS. Yes. This is my senior year. I plan to go to Miami University in August. I will major in journalism.

Miss MILLER. You have made a good start with your portrait magazine.

Mr. Jaffe, I noticed in the opening portion of your testimony you mentioned that thus far the program has not received Federal money. It has received money from New York State and New York City, I take it. Then you have had no money, for example, from the Office of Education for the training of your people?

Mr. JAFFE. No. We have had no money from the Office of Education, or from the Special Action Office, or from NIMH.

I must say, in all fairness, that we have not applied, and I guess we have not applied for two reasons. One, we have been getting funds from the State. I imagine when those funds start to dry up, as I suspect they will, we will have to apply.

I think the second reason is that nobody in New York City thinks of the Federal Government as being a source of help in this area, and this may be peculiar to New York City, and I can only speak—I am not presuming to speak for the city, I am speaking for myself and other people in this field in the city.

The Federal Government does not exist as far as we are concerned in terms of at least the spirit of support, in terms of dollars.

The only thing that occasionally we will see some kind of hoopla in the press about BNDD and the emphasis being always in terms of stopping the flow of drugs in the country, which I think is important, but that appears to be the only kind of emphasis that we have seen coming from the Federal Government, very little focus on treatment, no focus, at least as far as we can see, on school days education prevention programs.

Miss **Miller**. I think, however, that there has been an evaluation project going on, which is federally financed, which I assume you would not think necessary solely for the benefit of the program, but for the benefit of the Federal agency's general knowledge, is that right?

Mr. **Jaffe**. Yes. I am concerned in terms of the function of the implementation. To date there has been no significant input by the Federal Government.

Mr. **Cutler**. What is the level of funding support from the State of New York for the program, New York City?

Mr. **Jaffe**. My understanding is it is purely State funded. The SPARK program is funded at $3,800,000-some-odd, and I believe it is all from the Youthful Drug Abuser Act out of the New York State Legislature.

I do not believe at this time that there is any city tax levy money in it. I think that is accurate.

Miss **Miller**. How much training are you able to provide for your people?

Mr. **Jaffe**. Training is an area that we have moved into much more heavily this year, because we were able to identify this as an area priority with the addiction services. We have a crazy system. Our money comes from the State through the city.

We, on an operations level, work with the addiction services agency. They talk to the State, and we talk to the city. When we talked to the city last year, we agreed that training was very, very important.

When the city talked to the State, they convinced the State that training was important.

So we were able to receive approximately $20,000 for training. We wanted more, but for a $4 million program, we thought we could use more, and we thought that was a start in the right direction.

Our problem in the training is that we need outside capabilities to supplement our own capability in order to provide what we think is a really significant training experience, so that ideally if we could sit down, let us say, the National Training Group at Adelphi, because that is the group I am familiar with, and I have great respect for them, and I think they are first rate—if we could sit down with them and work out a design mutually that is relevant to us, and then bring our own staff in in a training capacity, with their people—and they have some really first-rate people—and if we can do this within a residential setting, which is a problem in New York City, then I think we have the beginnings of the kind of training that we need. We can provide the follow-up and the support that is needed on an ongoing basis from our own central staff.

Was I responsive to your question?

Miss **Miller**. Yes, you were.

What is it that is preventing you from that kind of arrangement with the Adelphi Center? Is it money, or lack of staff time?

Mr. JAFFE. Well, it is a number of things. One, the State, up until this year, did not look favorably upon money being utilized for training. At least this is what has come down to me, because it has gone through 18 filters, and I am not sure what the real story is on that.

Second, the city has problems with staff going into residential training. So that last year when we put together a training package with Adelphi for a week, and where I trained my Queens staff out there, some 50 people, and you have to understand that these people are largely responsible for 6 hours and 20 minutes a day, and we have a very strong union in New York City. Thank God they are able to put in more time on their own.

For their training program they are putting in 12, 14 hours in residence. The controller at that time, Mr. Beame, the present mayor, felt that there was something wrong with the professional staff going out of town.

We went just over the border to the Pickwick Motel, and there were political repercussions on that, because that was equated with some of the local school boards going down to Puerto Rico for a convention.

So we had some flack on that.

In answering your question now, I think the things that make it difficult is the climate, the political and fundingwise, and the lack of dollars.

Miss MILLER. I would like to yield to Senator Randolph who has just arrived. Senator Randolph is one of our senior members. He is the only Senator who was able to make it through the snow this morning.

Senator RANDOLPH. Thank you very much, Miss Miller.

We are appreciative of your presence, Mr. Jaffe, and the presence of the young man who sits with you, Eric Richards. I am not certain from the rather quick reading of your statement, Mr. Jaffe, as to the funding of SPARK.

Have you explained that prior to my coming in?

Mr. JAFFE. Very simple, Senator.

As I understand it, the funds are 100 percent New York State Youthful Drug Abuser Act, through the State legislation, through the Drug Abuse Control Commission, down to the city agency, which acts as a funneling conduit, Addiction Services Agency.

Senator RANDOLPH. New York State funding?

Mr. JAFFE. Yes.

Senator RANDOLPH. How long has this SPARK program actually been in effect?

Mr. JAFFE. We have completed 3 years. It will be 3½ years this June.

Senator RANDOLPH. I have noted the statistics on those with whom you have consulted and worked.

How many students are there in the public schools of New York City, or whatever the jurisdiction in which you as SPARK are working, and are those just high school, or are they elementary students as well?

Mr. JAFFE. Under the decentralized law in New York City, the elementary schools and the junior high schools, Senator, are divided into 32 districts. Each district has its own drug education and prevention program funded by the same source as we are. And there are some extraordinary programs that we have at that level.

The program that I am responsible for functions only at the high schools, 96 high schools, which is under centralized control, and there are approximately 300,000 students in the high schools, and overall maybe 1,100,000 in the entire city.

Senator **Randolph.** I know that Senator Javits of course is intensely interested in the work in the New York City program.

I am sure that he would want the record to indicate approximately how many of the total students, in terms of percent, in the various levels of education you have been working with during the past little more than 3 years.

Mr. **Jaffe.** I am having trouble, Senator, with the term "working with."

If you mean on an intensive basis, or if you mean having contact and exposure to, there would be a significant difference between the two.

Senator **Randolph.** Well, break them down, the two categories.

Mr. **Jaffe.** With respect to the high schools, I would say that over the past 3 years—and this is a rough guess, over the past 3 years we have had contact with, and exposure to, maybe 30 to 40 percent of the youngsters.

In terms of intensive ongoing working relationships, we have averaged about 20,000 to 30,000 kids a year—my arithmetic is not serving me well—what is that in relation to 300,000? Is that 1 percent or 10 percent? I understand 10 percent.

Then probably 8 to 10 percent on an intensive basis. Maybe 30 to 40 on an exposure, some kind of relationship basis.

Senator **Randolph.** Now, will you tell the subcommittee if those persons who have been contacted on either the intensive or, let us say, the preliminary counseling, are all of those young people called in to have your assistance, your guidance, your strengths, because of a particular reason, or did you just go across the board and say, well, we will take this many here and this many there?

How was the selectivity carried forward?

Mr. **Jaffe.** The selectivity was based upon need.

Senator **Randolph.** Mr. Jaffe, I was asking a question as to how the selectivity of the students in the categories you have mentioned—the intensive, and perhaps the more casual—was made, and I assume that there is value in having these students know that there is an organizational structure that is interested in their problems, even though you have not gone into them deeply; is that correct?

Mr. **Jaffe.** That is correct.

Senator **Randolph.** How was the selection made?

Mr. **Jaffe.** The youngsters come to us in a variety of ways. The most effective is by word of mouth, where one young person will tell another young person, hey, you know, check it out, go on down to SPARK, there are some good people down there. They will be glad to work with you and help you.

That we see as the most effective. The most formal is when a young person is referred by the other pupil personnel services within the school.

A lot of our referrals come from the dean's office, people who are failing subjects, causing difficulty in the jobs, are referred by the deans to the program.

Some youngsters are referred by the guidance counsellor. That is on a formal level.

So you run the range of formal referrals, word of mouth, to self-referral, where a youngster has heard about it through our recruitment efforts, and just comes on down to see what it is like.

Senator **Randolph**. Are you saying, Mr. Jaffe, that these students are all in one form or another, either those who are experimenting with or using drugs, or feel that they are so close to the problem of usage that this forms the three types that come into your SPARK program?

Mr. **Jaffe**. Not necessarily, Senator. One of the problems that we have had to work against is the image of the SPARK program being a haven for junkies, so if anybody goes down there, he is a drug kid.

Eric might want to speak to that.

Senator **Randolph**. Eric, would you wish to talk at this point? I think it would be helpful to us.

Mr. **Richards**. Can you rephrase the question? I did not quite understand.

Senator **Randolph**. Mr. Jaffe has said that the program perhaps has the problem of being identified with junkies, that is the word that he has used, and there is a desire to have persons come in the program who perhaps can help others, young people, by knowing themselves students that want to know the facts, and tell other students. They have a responsibility, we will say, not only for their own problem, but they think through this educational process, or companionship or understanding, with all these ingredients that they can talk with others and let them know the dangers of drug use.

Mr. **Richards**. There is a stereotype about the clientele of people who are part of SPARK. Everyone thinks, the majority of students think, now, and even the students, ironically enough, think that the students in that program, SPARK, are junkies. That is due to naiveness and ignorance.

A way you can eradicate that naiveness and ignorance is by word of mouth. You can go around and explain to those who have skepticism, due partially to fear and ignorance of what the program is really about.

I would say now that—I know maybe two junkies in the program in my school, but in effect, per capita is so minimal that it would not even be worth saying, well, you know, that it is there.

Mr. **Jaffe**. What has happened is there is both a move within the schools, the incidence of heavy addiction appears to be on the decline, and we do not find many youngsters who are heavily addicted, and those we do find we refer out to treatment centers.

We are finding a large middle group that are into pills and alcohol particularly. This group is coming in. We are finding another group of drug prone young people who might very easily topple into the area of drug abuse if they are not able to cope with some of the kinds of problems that they have, or some of the feelings that they have.

Hopefully, through the kind of interaction experience we provide, they can, and there is that primary preventive component working, so that there is that mix within the program.

Senator **Randolph**. Mr. Jaffe, where does the money come from with which these young people secure the drugs who are in the school population?

Mr. Jaffe. I would defer that to Eric.

Mr. Richards. Are you saying where do the funds come from for the——

Senator Randolph. Where do the funds come from with which to make the purchases?

Mr. Richards. It is funny, you know, there is a saying that goes, "Where there is a will, there is a way."

How ironic that may seem. Though the parents may be poor and underprivileged in terms of money, there is the availability of drugs, even if you do not have money, you see.

Usually the first time it is free anyway, or it can be worked out that you get a quantity of drugs in the school for those who have the money, and outside of the school where the money is you can sell to support your needs, as well as to purchase it.

It is sort of like a loan basis. There are even those experiences where there is such a great quantity of marihuana, for instance, that you really do not have to buy it.

Just by walking through the hallways you can get it.

Senator Randolph. Someone had to buy it.

Mr. Richards. Yes. That is usually done through a middleman. You have the pusher, the junkie or the drug user, and there is a middleman in between the two usually. This is how I see it.

Mr. Jaffe. Marihuana has become part of the social scene, and the feedback we get is there is almost a casual passing of marihuana around, particularly at parties, et cetera.

You are right, somewhere along the line somebody has to make money to make that purchase.

I suspect there are a myriad of ways in which that money is gotten, ranging from the extreme—well, not for grass—ranging from the extreme by committing a crime for the purpose of securing the money, and I think that is a small percentage, to hustling in a variety of ways for it.

Senator Randolph. You talk about marihuana being just the order of the day. What are you telling the young people in the SPARK program about the use of marihuana?

Mr. Jaffe. I am not sure that we are telling them the——

Senator Randolph. What are you counseling with them about them with reference to this drug?

Mr. Jaffe. What emerges in group sessions, when a great dependency appears—well, when a kid says, for example, hey, I lit up a joint before I went into that class, or I had to light up a joint before I went to this party, then the focus really is on the new drug law, you are breaking the law, and there are consequences emerging from that.

You have got to understand that if you get caught with *x* amount in your possession, you can have serious consequences.

Second, why do you need to smoke a joint before you go into geometry class?

Why do you need to go smoke a joint before you go to a party?

What is operating within you that makes you dependent upon this kind of distortion of reality, and the focus then is on that, and other ways in which the youngster can go to that party or geometry class.

It may very well be that if he is going into a class totally unprepared, this becomes a terrible experience for him, and it should.

It may be that an alternative is to go in prepared, or secure help, so that he feels comfortable in that situation.

But there are alternatives that have to be explored rather than merely lighting up a joint, turning off reality, going through an experience in a distorted way, and that is where the focus is.

Senator **Randolph**. What is the attitude of the general teaching fraternity as to the work you are doing?

Mr. **Jaffe**. Mixed. It will range from—and again there is a personal self-select process operating—those people that are philosophically on the same wavelength that we are at, and in terms of feelings, and in terms of dealing with kids in a somewhat different way, support with us, work with us.

It is almost normal—I guess that they represent 20 percent of the average faculty.

There is a great middle of the faculty that can go either way, that is not overly concerned about us, and that is not anti-us, or pro-us.

Then there is another percentage that gets very upset by us, gets threatened by us, in that we have to be particularly sensitive in terms of the image we project so we do not make our job all that much more difficult.

But I think inevitably there must be a certain percentage of any faculty that would be opposed to us, a certain percentage that would be much in favor of us, and a large middle group.

The middle group is the one that we concentrate our efforts on.

Senator **Randolph**. How do the parents feel about this program?

Mr. **Richards**. My father is to be considered of the old school, and anything new or change from the type of situation he went through as a student himself he was sort of apprehensive about. He felt threatened by it, in a sense, because he felt, you know, I am saying this, and when I am saying it this way, it is the right way, and I do not think anyone else has to reiterate on it in a different way, and they are infringing upon my liberty as a parent, my student, my son, how to function as a student, or even as a human being.

He just felt jeopardized by it overall. But actually after a while he saw changes coming through in me, and he felt more and more enthused about the program.

Even now, after 3 years in the program, he says to me once in a while, you know, he feels he is losing me to SPARK in a sense, and I come home and I am always talking about SPARK, how it functions, what I am doing for SPARK.

It makes me feel good, and by sharing that with him, it makes him feel he is losing me.

I think generally most parents at first are a little apprehensive about it.

I can only speculate, because it threatens maybe their position as parents, but they have to question their theories, their roots, you know, as far as how they relate to their sons and daughters.

Mr. **Jaffe**. Eric is giving a good picture. We have not been particularly successful with parents. I indicated that before.

I think part of the problem is ours as a program, and I think part of the problem is theirs as a group. This is an area that I think we have to look at much more carefully as a program, and I think we have to make maybe a more concerted effort.

I am not at all happy with the kind of relationship we have established by and large with parents.

The young lady who was not able to be here this morning, I am sure her testimony would have indicated—I know her mother—in response to that question, I am sure that her testimony would indicate that her parents see SPARK in a totally positive way, because Olga was involved with one of the gangs in the Southeast Bronx.

Three years ago Olga could very easily have moved into a life of—well, she was into drugs, and she was into heroin, and she was into acid at that time.

Senator **Randolph**. How old is she?

Mr. **Jaffe**. Olga is 18, graduated 2 weeks ago, and will be working within the SPARK program through June, and is going to college in September.

I know in terms of that particular question, because I had spoken to her mother, she views us very positively.

The alternative for Olga would have ranged from prostitution to various crimes, and certainly a life of addiction.

Senator **Randolph**. Well, then Olga, because of her use of drugs, and her desire to lick the problem, she would be able to be more influential with other young people, and are you saying that because of her experience with the use of drugs she would be able to talk and counsel about what she felt was happening to her, and she did not want to have it take place in the life of another young woman, is that right?

Mr. **Jaffe**. I think, Senator, in my judgment, that is not entirely accurate. I think that would give her a 5-minute headstart, the fact that she has experienced drugs.

I think after that, much of her impact on other kids would depend upon the person she is, the kind of training she has had in terms of group interaction skills, and the kind of ability to project, concern and caring, and really feeling about other people.

I think all of these things together would make her effective. The mere fact that she has used drugs, I think beyond that initial impact, I think would have little or no value.

Senator **Randolph**. You were saying almost what I said in different language.

Mr. **Jaffe**. OK.

Senator **Randolph**. I must say I think her words would mean more to someone else if she herself had been in a bind.

Mr. **Jaffe**. I think we are saying the same thing. I think I am questioning the degree and the followthrough on that.

Senator **Randolph**. Certainly. She would have to have the warmth, as you underscored, the desire to want to help someone else. I think she would help someone else better, because frankly she had the experience herself, not that we wanted her to have that experience, but the very fact that she had had it makes her not more knowledgeable in one sense, but more desirous of helping someone else.

I think that must be there.

Mr. **Jaffe**. Probably so.

Mr. **Cutler**. Do you believe, Mr. Jaffe, that if you had additional funds the SPARK program could reach out to more of the students in New York City?

Also, do you feel limitations because of the funding levels you have right now?

Mr. **Jaffe**. Mr. Cutler, the funding level restricts us in 50 schools to having one person in a school population of between 3,000 and 5,000 kids.

I would think in direct response to your question that, yes, if there were more funding provided, they would be able to put together different combinations of teams and reach more people.

Mr. **Cutler**. One other question, really two questions.

You were critical of the media's role in regard to the impact it has on drug use.

The question I have is, Given the fact that the media clearly does make an impression on all of us, what recommendations, if any, would you have for changing that? Also, what recommendations do you have to improve how the media brings a message to homes throughout the Nation?

Mr. **Jaffe**. The media is caught in a bind. On the one hand they make their money by exploiting sensationalism, such as Super Fly, which absolutely glorifies the role of the coke pusher, to the extent that—well, now, I am not attributing it all to Super Fly—but I think there has been an increase of cocaine within the schools.

On the other hand, they have the Super Fly image, which has created head shops scattered throughout the city, where they sell shirts with little slogans on them, like Coke is great, and Stash Your Grass. They sell pencils with hollow openings for kids to put grass in between classes.

They sell little spoons, like the priest in Super Fly, little spoons that he would use to sniff coke. This takes place, in some instances, three blocks from the school, spinning off to some extent that media image.

On the other hand, they feel that they must get some time to getting across the message that drugs hurt, and they do that in a stilted, totally nonimpactful kind of way.

Off the top I would suggest that maybe they are caught in their own bind. Maybe they ought to think in terms of a much more creative way, focusing on maybe the development of materials to be used in schools, openended materials that can serve as a kind of motivational thrust into a small group interaction, and donate these materials free to the schools.

I think that might be very useful.

Mr. **Richards**. I think another way too would be to sort of reiterate what Senator Randolph said, I think it is one thing for a media which is a system—well, it is a system that is really looking from the outside to the inside, to say, well, this is how the drug problem looks, and this is good, and sometimes they make it exotic.

I imagine for movie, like Super Fly, in a Midwestern town, or in Midwestern towns throughout the country, it sort of had an exotic flavor to somebody who may have never heard of cocaine and its usage.

I think it would be better—and I am really into photography, to make a film, well, to make a film by people who know the drug situation, who have lived in the drug situation, who live in neighborhoods, and maybe encountered it themselves, a really positive film pointing out the bad things about it, instead of glorifying it, really putting it down.

Every time I see a movie like that it makes me feel bad, because I imagine some kids see those movies, and go out with this glorified image, and he goes out there and does his thing, and everybody thinks he is beautiful. It is not beautiful.

Mr. **CUTLER**. One final question.

Could you submit for the consideration of the members of the subcommittee your comments on the legislation that is pending before it with your suggestions, or changes you think would be helpful? I am sure the Senators would all very much appreciate it.

Senator **RANDOLPH**. Has Mr. Jaffe explained his feelings on the legislation this morning?

Mr. **CUTLER**. He did not touch upon this area.

Senator **RANDOLPH**. Then it perhaps would be good, Mr. Jaffe, for you to read the measures pending, and give us by letter, as has been indicated by staff, your reactions, suggestions, based on the experience which you have indicated here, and it would be very helpful to the committee.

We wish to thank you, Mr. Jaffe, and you, Eric, for coming here.

I want to say that I hope your program is not licked, is not phased out.

Are you afraid that might happen?

Mr. **JAFFE**. We are funded on a yearly basis, and we live from June 30 to June 30. As of this moment, I have no real knowledge of what the budget or dollar amount will be for the next fiscal year.

I suspect there will be money. How much, I do not know.

One of the problems with respect to this is that when you hire staff, you must in all honesty tell people that we are funded from year to year, that there is no guarantee beyond the year. This hurts programmatically, because we have lost some awfully good people because we cannot say we are going to be around for 2, for 3, 4 years.

One of the recommendations that I think is critically important is that there be some kind of multiyear funding, with maybe heavy evaluation built in.

To be funded from year to year is programmatically destructive. So much of our time is geared around the funding crisis every year, and it takes away from the program.

Senator **RANDOLPH**. Eric, to you I would like to say, as a father of two sons, not as a Senator, that I think an emphasis on talking over with your father or mother, parents, as the cases may be, by those of you who are in the program, having them to better understand what is being done, and the value, as you see it, that is coming from the effort, this may give that necessary strength to a certain percentage of parents who will help to encourage the lawmakers, who must in this instance appropriate the New York State funds with which to keep your SPARK program an ongoing effort.

Personally, I feel that efforts of this kind are very positive. I believe that rapport between boys and girls and their parent or parents is very important.

I just would commend you, Eric, for your effort, and say that as one Member of this Senate, and member of this committee, and I am sure my feelings are shared by others, that we want you to stay in there, to use that expression, and to fight these influences which you know are not only degrading to you, but causes you to fail really to have the opportunity to succeed, not only individually, but as a group of young people, to help our youngsters lead when we are going to need you very, very much.

That is not a preachment. We are going to need you very, very much. We want you to be ready to step into those places of leadership and substantial citizenship, which we know you will be better able to do by your participation, active participation in helping not only you, an individual, but by helping others.

Education is not just the conjugation of the Latin verb and the rules of geometry. Education must encompass the whole personality of a boy or girl.

I am sure, even though I use this language to express myself, you know what I mean, you have got a real challenge before you, and I think you will accept it and not let it pass.

Thank you, Mr. Jaffe, and thank you, Eric.

Mr. **Jaffe**. Thank you, Senator. It was very good to hear your last words.

Senator **Randolph**. Our next witness is Mr. Paul Perito, president, National Coordinating Council on Drug Education, Washington, D.C.

We are happy to have you, Mr. Perito. Please proceed.

STATEMENT OF PAUL L. PERITO, PRESIDENT, NATIONAL COORDINATING COUNCIL ON DRUG EDUCATION, WASHINGTON, D.C.; ACCOMPANIED BY GAYLE KRUGHOFF

Mr. **Perito**. Thank you, Senator, and members of the committee and staff. It is a pleasure to appear, once again, before this distinguished committee to present the views of the National Coordinating Council on Drug Education.

I feel a bit strange returning to the Hill, after having served for a long time within Government. In that capacity I testified on a series of measures which this committee has been deeply committed to, and whose leadership inspired some very critical legislation, especially the establishment of the Special Action Office. Also, this committee effected the passage of the bill about which we are discussing today.

I would like, Madam Chairwoman, to summarize my statement, since time is fleeting.

I think it is fair to say that my colleagues and I, at the Special Action Office, focused our attention primarily on the area of heroin abuse, and the then urgent need to build a health care delivery system which at that time did not exist. The purpose of building that system was to care for drug-dependent persons who urgently needed treatment, but treatment was unavailable.

I think it is also fair to say that education and prevention efforts aimed at reducing the social costs of drug abuse did not form the central thrust of our mission. At that time we were faced with a burgeoning problem of heroin use in Vietnam.

We had drug dependent persons that wanted treatment, but could not get it.

That system is now in place. That war, and the incidence of new heroin use associated with it, is now over.

Since some progress has been made, it would be unfair to conclude that the problems of dealing with the broad scale use of recreational substances of abuse is over. Consequently, it would be unwise for this committee and the Congress to terminate its interest and its financial commitment to effect a further reduction in the use and abuse of licit and illicit substances.

Even the most cursory review of the Federal budget reveals that drug prevention activities form a small portion of the total package.

It was interesting to hear Mr. Arthur Jaffe's statement this morning, that his program has approximately $4 million committed to it, and that none of that money comes from the Federal Government.

My best recollection is that last year Dr. Helen Nowlis and her small staff struggled with $12.6 million, and this year her budget is approximately $5.4 million. Suffice it to say, the area of drug abuse education and its concomitant prevention responsibilities has not formed the central focus of the administration's drug abuse prevention programs.

I think it is understandable that at the time when we started the Special Action Office and national interest was focused on developing a health care delivery system, we intended to work with the most destructive forms of drug abuse because of the epidemic nature of the heroin syndrome and the lack of adequate treatment facilities.

Doctor Jaffe and I never questioned that alcohol abuse was the most extensive problem of abuse but that it was our sincere and fervent hope that if we could do something to handle compulsive heroin use, we hoped it would not move into the broad scale endemic pattern of use and abuse similar to alcohol abuse.

So now we are faced with the problem, should we collapse our tent and go home? Has drug abuse been solved? I think certain arguments have been made that we should.

As President of the National Coordinating Council, I believe that it would be an unfair conclusion. Such a conclusion would not be based upon data. We should not assume that the multiple problems of recreational use of broad scale substance abuse are over and we have nothing to worry about.

The Council feels very strongly that this committee, by extending, or proposing to extend the Drug Abuse Education Act, and enlarge the concept of abuse to include alcohol as well as other forms of drug abuse has done a great service to this Nation.

We also believe that the major thrust or drug education should be in line with the thinking of thoughtful people in this area, namely that we have to focus on the affect we as well as the cognative skills, in order to effect behavior modification of our young people.

We have to recognize that the drug abuse phenomenon is a very complicated phenomenon, not susceptible to one approach or any single or simplistic answers.

Now, I have read with interest the statements that have preceded our testimony. I have been made aware of the position being taken by the administration against the extension of the Drug Abuse Education Act. I understand that it has been recommended that primary responsibilities in the prevention area ought to focus within the single State agency concept, and within sections 409 and 410 of Public Law 92-255.

I believe that is laudable thinking for the future, I question, at this point, whether all of the States are prepared to incorporate drug abuse prevention-education activities within their State plan, and to devote significant moneys and commitment to drug abuse prevention efforts as well as treatment and rehabilitation.

I believe that the language, and obviously concomitant appropriations set forth by S. 2848 would be exceedingly helpful for those people who have labored long and hard in the vineyard.

It is unfortunate that drug abuse education has received a bad name. I think it has received a bad name because it has gone through the type of metamorphosis that treatment went through before we arrived at our present situation of multimodel city treatment programs with realistic success criteria.

Today it is usually not stated before a Senate or House Committee that a drug abuse treatment program fails, because occasionally some people on that program will chip a little, or occasionally use heroin or another illicit drug and revert to prior behavioral patterns. We are now less harsh and judgmental.

We have had a similar development in drug education as compared to treatment. Clearly, from 1937, if we can look at the Marihuana Tax Stamp Act, until the middle 1960's, we thought of drug education in terms of the communication of fear about the use of a whole host of substances both licit and illicit. It was naively assumed that if you tell people, especially young people, what a particular thing is good for them, they necessarily will modify their bevavior. Conversely, if you say don't use a drug, they will follow these instructions. It is interesting that we anticipated a type of sophistication of young people that the allegedly informed adult society never lived up to.

For example let's examine our antismoking campaigns, and the campaigns in which we attempted to get our Nation physically fit. By and large we have found, and there is an enormous amount of evidence to document the fact that, if you tell people what is good for them, they do not necessarily do that which is in their best interests.

The second point which I would like to make is that we had two studies that made the headlines, namely the Macro study and the No. 9 study in New Haven.

I know, Mr. Cutler, you are intimately familiar with those studies. Those studies and their conclusions were correct in that those education programs which they reviewed did very little. If anything, they might very well have been counterproductive. However, we ought not to conclude that all drug education programs are similarly worthless.

What were those programs, which the two studies examined?

Those programs involved two things. Those programs involved transference of moral judgments about substances of abuse but particularly about so-called "hard drugs."

The second aspect of those programs is that they were involved with information transference.

Those programs were intended to take information and transfer negative advice about the hazards of drug use, never about potential benefits or pleasures involved in such use. There was no real attempt in those programs to do that which is anticipated in the language of S. 2848 which mandates and commands, namely that programs similar to those talked about by Mr. Jaffee, of peer group counseling, programs which imposed upon young people the responsibility for making their own choices and helping to make their own choices about certain types of risk activities.

Consequently, I think it is unfair, and I will revert back to being a lawyer now, to conclude on the basis of those two limited studies that all drug education programs are necessarily counterproductive and futile.

We have limited examples of programs which, on early evaluation, like the SPARK program, seemed to be helping some young people.

I would like for a second to address myself to the question of evaluation. It depends on what your standards of evaluation are.

The standards of evaluation in the past education programs were limited. The only question was do they promote total abstinence?

I would respectfully suggest that maybe that type of goal is unobtainable, not only in youth programs, but in programs involving the study of supposedly mature people who abuse a whole host of substances on a daily basis.

Last year, the gross national product for alcohol was $27.2 billion. Suffice it to say, this Nation has what I would suggest to be an unquestionable commitment to alcohol as a recreational drug.

It might well be that this committee ought to give some consideration to whether prevention programs ought to teach responsible drug use, if, in fact, people are going to use substances for recreational purposes.

As one who has been involved in both the supply and the demand aspect of drug abuse prevention, as one who is now representing young people charged with a series of drug related offenses, young people ask me questions that I cannot answer; namely, whether the regulatory scheme in the Controlled Substances Act is necessarily relevant to scientific and medical determinations regarding toxicity. That is a difficult question to answer.

As we all know, scheduling of drugs is not necessarily relevant to toxicity and hazards to health. Consequently, education aimed at teaching young people to make rational decisions regarding conduct that they want to pursue, even when specific legislation does not necessarily reflect medical or scientific accuracy, might well help them in dealing with the complex problems they must deal with, if, in fact, they are to live in a society which last year was involved in the use of drugs secured through over 275 million prescriptions for phycho-active substances.

All the scientific data, especially the data that Dr. Carl Chambers gathered recently, supports the fact that although the incidence of heroin abuse has decreased substantially, the fact is that the incidence of certain other types of phycho-active drugs, particularly barbiturates and most recently methaqualone, have increased substantially among adolescents.

It might be possible to write in certain language, which I would like to suggest and submit to the committee, regarding S. 2848 which would broaden the scope of coverage of the act.

My concern with S. 1845 is, first, we have taken the primary language of the House bills, and we have imposed upon such language that which appears to be a rather inflexible evaluation standard. I think evaluation is critical, but I think we ought to start reevaluating our goals and be rational about what we really want to achieve.

I can remember Senator Hughes asking me, when I testified about certain multimodality Federal treatment programs. He asked me what we expected an addict to do in those programs in order to determine success.

My response was as follows: obviously we would like a decrease in an addicts prior antisocial behavior. We would also like reintegration of that individual into the society so that he becomes a productive unit and secures employment and stops committing crimes.

Hopefully, some day, we would like also that individual to become drug free and rely upon no medication at all.

I was then asked by the distinguished ranking minority member from New York would I take 2 out of 3? The answer was obviously yes.

Consequently, I think we ought to start applying some of those ratio standards of success to drug abuse education programs.

I have met a few public people who have so unselfishly devoted themselves to the public good as Dr. Helen Nowlis. Dr. Nowlis and her small staff have labored in this prevention area for a long time and they have subtly caused a change in Federal policy.

Some of the programs going on now in the Office of Education are exciting. With the enactment of S. 2848, which recognizes that affective, as well as cognitive skills are important, which recognizes that we are going to have to have some flexibility in early peer group intervention, which recognizes that we ought to start focusing, not on drugs, but on those complex problems underlying drug seeking behavior, I think that we have a chance to do some exciting things and to prevent disfunctional drug seeking behavior.

I recently returned from trying a case in Alaska. I spent some time there with a group of young educators, supported by private funds, at the University of Alaska. We went out to some of the Native villages.

There is a program taking place in two of those villages which have had a particularly acute alcohol problem. What has been happening in those villages is that when the supply of food and alcohol comes in, several members of the village go on a bender for 2 or 3 days.

The results are often tragic. In 25° or 30° below zero cold, some young people in a state of intoxication will get on their snow machines, go off to another village, fall off in the wet snow and freeze to death, or young men will get into one of their boats and they will crash into the rocks.

What this group of professional educators has been doing, it has been working with the young people, ages 12 through 14, when the incidence of drug use increases these educators seek to teach about the rational choices that young people should make about alcohol. In the course of which they will have some wine with the young people. They will then have a test on a breath-o-meter. They will go out and use the snow machine. The educators will take pictures of the young men and young women using the snow machine, and the next day they will sit down and discuss his or her performance.

There has been a very interesting learning process in that some of these young people have concluded they performed less well after three or four glasses of wine than they performed without that wine. Young people were taught about rational choices and risk-taking behavior.

In light of the fact that some of their friends have died as a result of accidents related to drinking, maybe they ought to modify their conduct, and this was suggested but not mandated

I no longer have the strictures I had before, and I am articulating this novel message. It is clear to me that simple information transferrence has not worked. It is clear to me that fear has not worked. It is equally clear that the transferrence of moral judgments has not worked. In light of those conclusions, I think we ought to give a chance to programs like Mr. Jaffe's, like the program in Alaska. It would seem to me if you look at the Federal Government and look at the mushrooming drug abuse prevention costs from $82 million commitment in fiscal year 1969 to $719 million in fiscal year 1974, with the fiscal year 1975 law enforcement budget, drug abuse trafficking provision, being $295 million, it would seem to me we might well consider putting a little more money into creative and committed prevention efforts with some flexibility, obviously, with evaluation, but with rational standards of evaluation and an attempt to prevent dysfunctional use before treatment becomes necessary.

Maybe we ought to learn something from our experiences regarding abstinence from 1920 to 1933 in this country.

We also ought to learn something from the fact that epidemics have a way of rising and falling.

Many more early intervention programs are needed. We ought to recognize the fact that young people are going to be faced with a whole host of choices about the recreational use of drugs for recreational and nonmedical purposes. Are they prepared to handle those difficult choices?

That is a very uneasy and gnawing feeling in the minds of adults, recognizing, of course, that there are a whole host of drugs which we use constantly. Young people are now exploring questions about the use of prescriptions which are prescribed by their physician supposedly for legitimate medical purposes.

My final comment would be that it might be well, that not only the purpose clause, but on page 3 of the bill, which is section 3(b), we could also possibly include some type of prevention education program regarding prescribing practices within that section of the act.

It seems to me that since physicians and the pharmaceutical industry, in effect, helped to set prescribing practices, courses in which alternative approaches to drug taking behavior can be explored which might also be helpful. It might also be helpful to integrate such courses into some of the community education programs now taking place.

It is interesting to note, for example, that the Russian Government now has instituted in their medical schools a whole series of courses relating to psychopharmacology, and related prescribing practices of physicians.

There seems to be a data correlation between substantial prescribing practices and the continued use of psychotropic substances in certain areas. We must find out more about such studies.

We attempted to set up some expansion of the psychopharmacology departments in our Nation's medical schools. It would not be beyond the purview of this bill, and certainly under the broad purpose clause, to do something relating to prescribing practices of American physicians. Hopefully, they, too, could benefit from some prevention education.

In closing, Madam Chairman, I want to say that the Council endorses heartily the philosophy of S. 2848, but has some reservations about H.R. 9456 and S. 1845. Those reservations concern whether we ought to focus on core curriculums as much as the Drug Abuse Education Act focuses upon it as it is presently interpreted and applied.

I also have some reservations about whether the present funding structure; namely, sections 409 and 410 of Public Law 90-255 are sufficient to handle the education-prevention programs at this juncture.

I think the revenue-sharing concept is a laudable concept. But I question whether at this time all of those States can take on the prevention responsibility, as well as responsibilities for treatment, research, and law enforcement.

I think the analogy to the LEAA situation is very applicable. In 1968, 1969, and 1970, the Congress thought that LEAA funds ought to be committed not only for the purpose of reducing the street crime, but also for the purpose of reducing juvenile delinquency. Unfortunately, States devoted little money to juvenile crime prevention.

It was not until the Senate and particularly Senator Bayh's committee focused on the question of whether there should be a certain percentage of those LEAA funds mandated for juvenile delinquency prevention programs, that funds were in fact devoted to delinquency prevention activities. When the LEAA staff went back to look at what the States were doing, they found that the States were not necessarily doing that which Congress had intended them to do under the bill; namely, commit certain funds to help in the problem of reducing juvenile delinquency.

I would say we ought to take some lessons from those pages of history. Notwithstanding the aversion certain people have to categorical moneys, and that is allegedly an unpleasant word, we ought to think in terms of categorical moneys certainly in helping the States help themselves, by targeting funds to particular areas, like prevention.

I know from being out trying drug cases around the country and having an opportunity to talk to single State agencies, that in many ways they are still crying for additional financial aid and guidance. A lot has been done, but especially in some of the smaller States and some of the States where heroin abuse is not a problem, where they need help in handling some of the psychotropic problems, they want to look for guidance from the Federal Government and that guidance and fiscal help ought to be given.

I would say this committee is in an excellent position to give such guidance by specifying in the bill a mandate of certain programs and funds.

Thank you very much, and I would be happy to answer any questions.

Senator **Randolph**. Mr. Perito, on page 2 of your statement, the last paragraph, you indicate perhaps that the use of heroin may be lessening.

You point to the increase in other drugs.

What causes me to ask you to discuss the adolescents and the teenager is the increased use of alcohol and tobacco.

Would you go into that a little more?

Mr. **PERITO**. Yes, Senator, I would be happy to respond to your question.

I think that one of the great problems in the area of drug abuse education has been the credibility of the educator.

Part of the reason for the credibility gap, I would suggest, is that although we attempted for a long time to transfer moral judgments regarding drug use, and we have attempted to tell young people that there would be certain untoward effects in the use of certain hard substances. A lot of young people, for a variety of reasons, tried those substances and they found there was a gap between their subjective experience that was different from the allegedly objective information which they were receiving.

Therefore, they were compelled to conclude from their own experiences that there was not that much objectivity.

They have also witnessed around them the specter of society that spends $27.2 billion of its gross national product on alcohol. They have witnessed the fact that 52 million Americans now smoke in a fairly compulsive fashion.

I think young people are asking us some very difficult, embarrassing, and gnawing questions. Is smoking not a form of abuse? I think the answer clearly is "Yes." It might well be that we have to change our thinking on concepts of drug abuse.

What I am suggesting, Senator, is that if we are going to have integrity in the educational process of trying to teach young people to make mature judgments about risk-taking behavior, and smoking cigarettes compulsively is risk-taking behavior, notwithstanding the Surgeon General's report from 1964 to the present time—an increasing number of young people seem to be smoking in alarming numbers.

Senator **RANDOLPH**. I agree with you.

Mr. **PERITO**. My hope is, Senator, that obviously we do not want to proselytize for the use of mind-altering drugs, we do not want to proselytize for the use of alcohol or tobacco, or any other chemical substances of abuse. However, the fact is if young people are going to use some of those substances, they ought to start using them responsibly, and we ought to start telling them about responsible drug use. They have to decide what choices they, as adults, must make about those substances which they choose to use—and hopefully not abuse.

I think to the extent that we as adults recognize that we are as caught up as they are in a drug-shrouded society, be it over-the-counter prescriptions or psychotropic drugs, mind-altering substances, or alcohol, the fact is we do not have as adults a particularly good record for our children to look at.

My hope is, like the Arthur Jaffes of our society, that by showing young people integrity, because young people have a wonderful way of cutting through everything, and looking at that individual attempting to act as a facilitator, to discuss these things rationally, and what that means, in part, is reexamination of some of our patterns of the past, possibly we could start changing patterns of substance abuse among young people. That is very unpleasant for all of us.

My grave concern, Senator, is that the lessening incidence of abuse of heroin and all the data indicates that, it would be very erroneous for us to conclude that the recreational use of a whole group of substances, some of which are terribly deleterious to the individual, is over, and consequently I think that the interest of this committee is necessary and the bills before this committee are critical if we are to continue some of the prevention approaches and education approaches which appear to have promising results.

I do not think we ought to fold our tent and go home. The war on drug abuse has not yet been won.

If we do, I think it is possible we could face another epidemic in the future, maybe not heroin, but possibly one of the psychoactive drugs.

Maybe it would not be heroin. Maybe it will be methaqualone, as it was recently. Maybe it will be amphetamines again. Maybe it will be a new synthetic that will be devised.

But the fact is that I think that is possible. I certainly hope not. My hope, Senator, is that we all can start approaching the educational-prevention situation a rational manner. We must face up to the fact that in the past we have classified certain drugs as "hard drugs" that are not as toxic as other drugs which are not classified or classified as "soft drugs."

I think, in line with that, one of the things that will have to be done, in addition to that which this committee is doing on S. 2848 and related bills, is to give some substantial consideration to the reclassification of drugs now scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Public Law 91-513).

Senator RANDOLPH. Mr. Perito, you are very explicit and very articulate. Our able chairman, Senator Hughes, yesterday spoke about those parents who are really saturated with booze, who are advising their children not to use drugs.

I am not sure of the exact language he used yesterday. I think that is the essence of what he said.

You are saying, in a sense, that there has to be an example, a good example?

Mr. PERITO. And honesty.

Senator RANDOLPH. Honesty, integrity, credibility, whatever the word would be.

The former Surgeon General told me within the past few days that there was a very marked increase in the use of drugs throughout the country among young people. He went on to say that there was a very rapid rise in the use of tobacco, cigarettes by teenagers.

So, the so-called educational program and the television statements on cigarette ads saying that such and such is bad for health, do you think those are hitting the mark or failing, what is your comment?

Mr. PERITO. My comment is that the campaigns of 1969 through 1971, the antismoking campaigns, in part, were square campaigns, but some of them told young and old that if they started to smoke, it might not be too late, that they could stop at any particular time.

The design of earlier educational campaigns still was supportive of the concept of the marihuana campaigns from 1937 through 1945, or probably through 1950; namely, there was the fear motive plus adverse health effects which would cause young prople to change their behavior.

My thinking is, based upon the data I see, and I look to the very persuasive argument made by Edward Brecher that those campaigns were not particularly successful. I think that possibly using the type of peer-group intervention, primarily prevention approach that Mr. Jaffe is recommending, not necessarily only in high schools, but also in the grade schools, and I point to a program, for example, in Michigan called Learning Tree, where they give pregrade school youngsters a whole group of learning experiences, the snatching of a purse, the taking of a drink, lighting of matches, the use of cigarettes, and they start exploring those things which young people during that very important formative stage must make rational choices about doing or not doing.

The early evaluations of programs, such as those which I have just described, are very encouraging. By the time someone becomes an adolescent, certain patterns have been set pretty well, especially when it is fashionable within that peer group for everybody to smoke, it then becomes necessary to start modifying those patterns of choice.

Mr. Brecher, from his research, determined that nicotine, to use his words, is an "addictive substance," and that it is as hard for young people to stop using as it is for parents to stop using cigarettes.

I do think that those earlier education campaigns as structured have not been particularly effective. Just like our health campaigns involving caloric intake have not been particularly effective, although we seem to have a nation which buys a tremendous amount of books about diets, but does not necessarily follow the prescriptions set forth in those books. How then can we expect young people to do much better than adults do.

My concern is—and I think we have analogies in the seatbelt situation, we have analogies in physical fitness campaigns—telling people about adverse effects of anything does not necessarily cause behavior modification.

Senator **Randolph**. What can we do, other than tell them of the adverse effects?

Mr. **Perito**. I believe we can explore with young people and also with older people both positive and negative aspects of a particular type of activity, involving the recreational drug use of drugs. We can explore what tradeoffs they have to make if they decide to use such drugs. And if, in fact, they are going to use that substance, how they should use it in the most nontoxic manner. In other words, let's teach nondysfunction drug use.

I think when you do not thrust your decision at them and let them make some decisions about the lifestyle they want to lead, hopefully giving them some reasonable alternatives. In my judgment one of the problems with the rising incidence of alcohol use, Senator, among adolescents, is that young people, who want to get high with alcohol, who use alcohol juxtaposed with a whole group of depressant drugs like methaqualone, have some problem they have to work out and we ought to suggest meaningful and reasonable alternatives to them.

You start getting at those problems, and I point to the very encouraging language of the "purpose clause" in which the purpose of the pending legislation is to focus upon the "cause" rather than the symptom, and to find through early intervention approaches some of the critical formative factors in the community effecting this problem, namely the church, the schools, law enforcement agencies, people that young people come in contact with. I think the gnawing aspect you are talking about is the needed reevaluation of values within the society, and to use Mr. Brecher's expression, he says when the quality of life improves, the use of recreational substances for nonmedical purposes probably will decrease. He is probably right.

Miss **Miller**. I take it from your testimony that you do feel that there should continue to be a fairly strong office within the Office of Education which would concern itself with the abuse of various drugs?

Mr. **Perito**. Yes, I do.

I believe that way because they are in the best position to integrate drug education into the total education process. In effect then, I am suggesting that good drug education means better education generally.

The Government is in a fairly fortunate position. Dr. Nowlis is a terribly committed, terribly erudite woman, with a very small staff. She and her staff have labored hard. They have gone through the processes of learning. They are at the point where they can start doing good.

To cut them out now is counterproductive. We are not talking about $100 million. Certainly, vis-a-vis the commitment to treatment, rehabilitation, and research the money going into prevention and education is dwarfed. I feel very strongly that the Office of Education should continue their laudatory efforts in the prevention area.

Mr. **Cutler**. What would you recommend as the appropriate funding levels for drug abuse education and prevention activities as set forth in the bill by Senator Javits to accomplish those goals?

Mr. **Perito**. What bill are you referring to, Mr. Cutler?

Mr. **Cutler**. Set forth in S. 2848.

Mr. **Perito**. I noticed the funding level is $26, $30, and $34 million. When you look at some interesting corresponding levels in the bill that this committee cosponsored, the Special Action Office bill, and then compare those sums to the money that was actually obligated, I would say that figures in line of $40, $50, and $60 million, noting the reality of the OMB cutting process, would not be unreasonable.

I am sympathetic with the point of view often articulated by the administration, that is, that by throwing money at something, it does not necessarily solve the problem. But I do question whether a commitment of $5.4 million or $12.6 million is sufficient to handle prevention responsibilities, in light of what we now understand to be an enormous problem of recreational drug use and abuse.

I guess I disagree with the administration on economics. The fact is that if we are talking in terms of a therapeutic community, handling young people in a TC, we are talking in terms of a service delivery, of $3,500 to $5,000 per patient year. Even for an efficiently managed methadone program, if there is a good service delivery, it costs $1,500 to $2,000.

When we look at the computer model, we find some of the programs are spending as much as $6,000 and $7,000 per man-year. If, in fact, you look at the school systems throughout the country and further consider the potential for affecting only slight behavior modification, which might cause a young person not to be involved in dysfunctional drug use, which ultimately will get Government involved in bigger fiscal commitment, I would say that it is fiscally responsible to spend more money on prevention early, than spend it to rehabilitate later on.

If we concentrate all of our efforts in treatment and rehabilitation, and have a minimal effort in prevention, it would seem economically counterproductive since treatment is so expensive and not overwhelmingly effective.

I would think that the funding levels, as presently stated in the bill, are certainly reasonable, although I have no hope of ever seeing that money actually obligated by the agencies involved.

I would say if there was slight elevation in the funding level—ultimately, this Nation would save an awful lot of money, by placing emphasis where it is now needed.

All we have to do is look at our fiscal commitment for law enforcement. At one time we thought that through a concentrated effort we could totally cut off the supply of heroin coming into the United States.

Now, we are more realistic. We say, that we cannot do that, but we are going to focus our effort at selected population areas.

The fact is we are going to spend next year $295 million on law enforcement. It would seem to me that if we spent more on drug abuse prevention it would be money well spent. Let's not wait until it's a law enforcement or treatment problem.

Mr. CUTLER. You believe these dollars could be effectively utilized now, funding level, increased funding level?

Mr. PERITO. I would say if the funding levels here ultimately survive the appropriation-allocation-obligation process, that these levels certainly would be reasonable.

Now, Dr. Nowlis and her staff have some models, they have some demonstration projects. There is room for some new social research and development models.

I am not talking in terms of the amounts mentioned by some myopic spokesmen, namely hundreds of millions. I think that is absurd. But I would say $26, $30 and $34 million is reasonable in light of the group that you want to focus upon in with the broad scale nature of recreational drive use.

Senator RANDOLPH. You are talking about priorities, are you not?

Mr. PERITO. Yes, Senator, I am.

Senator RANDOLPH. I think that is something that frankly we have done too little of in recent years, because we, in a sense, have spread ourselves thin throughout the world for one reason or another.

We have left ourselves, we will say, with only a certain amount of financial and perhaps even moral strength in this country, and we are caught short. That is what you are talking about?

Mr. PERITO. Yes, I agree with your statements.

Senator RANDOLPH. Is there actually a reduction in heroin addiction—I am sure there is, you have mentioned it—and what is your estimate of the total number of addicts in this country at the present time?

Mr. PERITO. Senator, I refer back to my former colleague, Dr. Jaffe, in saying that I guess we will never determine with total accuracy the incidence, prevalence figure of heroin use and addiction.

I would think that an estimate of addicts in terms of 200,000 to 300,000 is probably accurate.

I think that what we are seeing, however, is a distinction, and we notice that distinction in our Vietnam experience, a distinction between heroin users, sometimes chronic users, who are not drug dependents, and people who are actually compulsive users. If, in fact, our health care delivery system is where we wanted it to be, then we can care for a couple hundred thousand heroin dependent persons. However, there does not seem to be a waiting list of heroin addicts who today want treatment, but cannot secure it.

Also, if we look at this, I think, very worthwhile system set up by the Drug Enforcement Administration with the Special Action Office, the DAWN system, which gives us an early warning network, we see that the percentage of heroin in the major DAWN cities—drug abuse early warning network—has dropped considerably. This is exceedingly encouraging.

In my judgment, 200,000 to 300,000 would probably be a fair figure. Maybe it is a little higher than that, but I would say the number of users of heroin exceeds that figure.

When we first started to look at the numbers, we thought we were talking about an addict population, but as we found in Vietnam, you have to be aware of a substantial user population which is much higher than the addict population. The figures that now concern me most, Senator, is what appears to be a mushrooming incidence in the growth of certain type depressant use. There are a whole list of depressants psycho-active drugs, and the switch between alcohol and those drugs concern me. Some people are moving from wine to methaqualone, to downers and back and forth.

Senator **Randolph**. Now, if heroin addiction, as you have indicated, is a lesser number than, say, a few years ago, I am interested in knowing whether you believe that lessening has been due to better enforcement and the resulting restriction of supply, or would it be perhaps due to changed attitudes on the part of the young, or would it be a combination?

Mr. **Perito**. I am reluctant to give you a lawyer's answer, but I think I am going to have to in this instance.

I believe that clearly the effective work being done to control availability has helped considerably.

If you look at areas like Washington, D.C., where you have a very effective police effort, it has caused a lot of people to go into treatment who would not ordinarily go into treatment prior to this intensive law enforcement campaign.

I think the juxtaposing of effective enforcement hitting at certain areas, along with treatment availability, has certainly helped.

I think with that, plus broad scale treatment efforts, plus an effective law enforcement and preventive effort, when you think of it for 50 years in this country, law enforcement was on one side, and treatment and rehabilitation on the other, and that bringing them together, I would suggest really was helpful in reducing the incidence of heroin abuse and its accompanying criminal syndrome. I have no doubt that it was a combined effort that helped "turn the corner" on heroin abuse.

I think that some of the data coming in, the so-called TCU data, one of the systems that was devised under Dr. Jaffe, when that comes in, I think your question Senator will be answered with substantial data to support my conclusion.

My reaction is, looking at those sheets when they came in and looking at the data, I think a combination of factors have helped. I am certainly encouraged by some of the enlightened law enforcement approaches, and again we come back, Senator, to your statement about priorities.

DEA is looking now at substantial networks of drug trafficking activities. They are less concerned about possession of small amounts of nontoxic substance, even if that substance is scheduled. DEA is focusing on major problem areas.

Senator **Randolph.** My final question.

Do you believe that, let us say, the sale of heroin, and perhaps other drugs, is carried on more or less by individuals or is it an organization effort?

Mr. **Perito.** I guess I am going to have to fall back on my prior prosecuting experiences.

I spent 4 years prosecuting cases in the Southern District of New York where most of the substantial organized crime cases are tried. It is clear to me from that experience and from my experiences now on the so-called other side that is defending people charged with drug violations. It is my belief that you do not have any real substantial trafficking unless that traffic is connected to an organized and sophisticated activity on the highest level.

Bringing heroin into the United States, I am not talking about the occasional backpacking, or a person who comes in with a small package, or a tube inserted in a body cavity, that is miniscule as a trafficking activity.

I am talking about substantial kilos and multikilo operations. You cannot do that unless you are part of a sophisticated cartel, unless you are organized, unless you have linked that supplier with a person who is going to travel with it.

I think, however, on the other end of the spectrum where it is ultimately transferred to the person who is the ultimate recipient, you have a lot of people who got into the business because there is a lot of money to be made.

At the highest level, organized crime, whatever you want to call it—and I being an Italian-American can refer to it as the "Mafia" or organized criminal syndicate, I believe still have substantial power. The fact is that there were a lot of people who were heavy traffickers identified by Drug Enforcement Administration, who still go unprosecuted because it is difficult to secure sufficient probative evidence.

Senator, it is the analogy of the president of General Motors actually working on the assembly line. That president no more gets to the assembly line than the substantial trafficker gets to the glassine bag of heroin.

Usually, your witnesses for the prosecution are threatened. Even with our more enlightened immunity statutes, it is hard to make substantial conspiracy cases. It is a very, very difficult prosecuting job.

I worked very closely with John Bartels, who is the head of the Drug Enforcement Administration. I feel assured that we have a very qualified and sophisticated man heading that agency. I believe we are allied in the belief that substantial heroin trafficking operations do not take place unless you have organization, whatever name you happen to give to that organization.

And for organization, you need money. But also in heroin transactions, money comes down first. In order to put up money for multikilo organization, even some of our larger industrial conglomerates could not put up the type of money in cash that the heroin network can front.

The fascinating thing—and it was very frustrating to me—is that the police or then the Bureau of Narcotics would go in, intercept a shipment, and then 2 weeks later, that same amount of money could be replicated, if the people happened to seize the earlier money.

I think some of the organization would dwarf the Chase Manhattan in their ability to come up with new money.

Senator RANDOLPH. Mr. Perito, you are saying, of course, that there is the matter of the violator and how he is dealt with through the processes of the law. And you are saying there is the group to be rehabilitated.

Mr. PERITO. I might say you seldom have a substantial trafficker who is involved in the use of that substance. They are very sophisticated, and they will not touch heroin.

Senator RANDOLPH. Well, now, I had not thought to ask other questions, but there is one question I think is necessary to ask of you, because you are an attorney. You have been a prosecutor, and there are times in your life where you say you have been a lawyer in the sense of representing clients, and I have read in prior hearings and had it documented in several cases, that persons coming into the United States, aliens, who are not even citizens of our country, come in with huge quantities of heroin, into Florida, for example. That was one specific case. I am not going to try to say this figure is correct at the moment, but the value runs into many millions of dollars, in one single case, where there is apprehension and seizure.

Then the judge allows that person to be freed with a bond, which is $25,000, $50,000, $100,000, when you are dealing in millions of dollars. So you are not going to see that person again, are you, unless he is caught again?

Mr. PERITO. The bail jumping record for the cases in the Southern District of New York against substantial heroin traffickers is fantastic. The House Select Committee on Crime hearings shows a chart of people who jumped bail including aliens. I think it was 65 to 70 percent of traffickers arrested during this 10-year period. Never been apprehended.

Senator RANDOLPH. When a person is apprehended and seizure is made, what in your opinion is the responsibility of the court?

Mr. PERITO. In S. 2848 I should include a section for educating judges, as well as young people. I think that judges have a substantial responsibility, when they are dealing with a person who has been convicted, beyond any question of a doubt, of a crime involving a substantial amount of heroin to impose a sentence appropriate to that offense. When we are dealing with a young girl or boy charged with possessing a substance classified as toxic, when the truth of the evidence shows it is not toxic, to treat them with much more lenient fashion makes sense. Judges and prosecutors have to learn to make distinctions between types of drug cases and types of offenders.

Senator RANDOLPH. Let us forget the second category. I am talking about the alien who comes in with heroin valued at $5 million or what not.

I have all this documented in the past. Then that person for $50,000 or $100,000, whatever the amount, well he is gone. Why does the judge allow it?

Mr. **Perito**. Let us assume we are talking about a Federal judge. Some judges allow defendants to be released because they believe they have no broad discretion under the Bail Reform Act. Until those interpretations are clarified, we are going to have judges going both ways. Some judges believe that, in any instance, an individual has to be released on bail, because of the directives of title 18, U.S.C. 3146, and the following.

Senator **Randolph**. Do you believe that is necessary?

Mr. **Perito**. No, I do not. That might sound strange for a defense counsel to be speaking this way. But if an individual has roots in the community, and shows every indication that he will return before the court for the next proceeding, then he should be released, and bail ought to be reasonable.

I am saying that the court cannot draw meaningful distinctions. That is based on an old case back in 1930. I think that act has been misinterpreted so much that it is incumbent upon the Congress to clarify it, so that distinctions can be made between individuals with a substantial likelihood of flight and others who will remain in the community.

I question whether the eighth amendment, as such, mandates that bail has to be granted in all cases. I think we have a situation with an alien where he has no roots in the community, and will likely flee. In those instances, a judge, under the act, can deny bail.

I mean if he comes in with $100,000 for bail.

Senator **Randolph**. Or millions?

Mr. **Perito**. Yes.

Senator **Randolph**. $5 or $10 million.

Mr. **Perito**. If he is a participant in a cartel, then they can put up that money without any problem.

Senator **Randolph**. That is what I say.

Mr. **Perito**. Bail money is no problem if you are part of an organization.

Senator **Randolph**. It is just a small cost of doing business.

Mr. **Perito**. We handled that situation once in a case in New York in 1968, involving the largest seizure of heroin at that time, when the defendants were about to put up $500,000 for an alien, we made an application in court to examine the source of that money which would be used for the bond.

For some reason the bail application was then withdrawn.

I think again you have got to have an effective educational process, not only on the part of the judges, but prosecutors, and that when they recommend there be no bail, even under the act, that they can back it up with certain facts, and certainly the fact of a tremendous quantity of heroin, no roots in the community should militate against release in one's own recognizance.

Senator **Randolph**. Thank you very much.

Gayle, do you have any comment?

Ms. **Krughoff**. I would just add one note of support for the bill. We are a membership organization—

Senator **Randolph**. Which bill?

Ms. **Krughoff**. S. 2848. We are a membership organization, and we deal with national organizations, and we deal with entities at the State, county and local level.

We feel we have a very good tie-in with what is going on in drug prevention activities around the country at the grassroots level.

It is the experience of the National Coordinating Council that there has been a lot of progress in drug education, that people out there actually involved in drug education are very eager to adopt the changes that have been recommended by model programs.

I think it is premature to cut off Federal funding at this point. I do not think the States are ready to have it on their own, and I think the major role the Federal Government can play is to facilitate the exchange of information of what we have already learned, and pass that down to those local entities.

This is just an added word of support for S. 2848.

Senator **Randolph**. Thank you very much.

Our next witness is Rev. Harold Burris.

Would you come forward?

We thank the witnesses who are leaving the table.

[The prepared statement of Mr. Perito follows.]

TESTIMONY PREPARED FOR PRESENTATION TO
THE SENATE SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE

Friday, February 8, 1974

4232 Senate Office Building
Washington, D.C.

by

Paul L. Perito
President, of the National Coordinating Council
on
Drug Education

STATEMENT OF PAUL L. PERITO,

PRESIDENT, NATIONAL COORDINATING COUNCIL ON DRUG EDUCATION
BEFORE THE SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS, LABOR
AND PUBLIC WELFARE COMMITTEE, UNITED STATES SENATE
Re: H.R. 9456, S.1845 and S.2848 - Drug Abuse Prevention

Mr. Chairman and Members of the Subcommittee: It is a great pleasure for me to appear, once again, before your distinguished Subcommittee and submit the views of the National Coordinating Council on Drug Education relating to the pending legislation. In my former capacity as Deputy Director of the Special Action Office for Drug Abuse Prevention, my colleagues and I focused our attention primarily upon the area of heroin abuse and the then urgent need to rapidly expand a health care delivery system to care for drug dependent persons.

Education and prevention efforts aimed at reducing the social costs of drug abuse did not form the central thrust of our mission. At that time we were faced with a burgeoning epidemic of heroin use in Vietnam and an incohate health care delivery system which could not accommodate the needs of approximately 50,000 heroin dependent persons who wanted treatment. These individuals sought treatment but found that treatment was not available.

That system is now in place. That war, and the incidence of new heroin use associated with it, has now ended. Clearly progress has been made. However, we ought not to conclude that significant progress has been made in dealing with the complex problem of the broad scale recreational use of an increasing variety of pharmacological substances. My deep concern is that we should not become too euphoric about our limited advances and assume that the multiple problems of substance abuse have now so significantly subsided that we can collapse our interest and terminate our fiscal commitment. Even the most cursory review of the federal budget for the past five years alerts us to the fact that education, training and prevention were insignificant items in the total drug abuse prevention package.

On September 11, 1973, the President held a conference at the White House which was attended by law enforcement personnel and drug abuse prevention specialists involved in the creation of the Treatment Alternatives to Street Crime Project (TASC). At that time the President stated that "we have a long road after turning the corner on drug addiction".

We may have "turned the corner" on the heroin epidemic of the late 60's but we cannot fail to be alarmed by the spiraling use patterns of certain types of psychotropic substances, and especially the rising incidence of the use of alcohol and tobacco among adolescents and teenagers. More than 250 million prescriptions for psychoactive drugs are written every year by doctors and the number has increased annually. Psychoactive drugs, despite the fact that they have been marketed for only 20 years, have assumed pre-eminence in the pharmaceutical field to the point where they are now the single most prescribed class of drugs. There is little question that psychoactive drugs - tranquillizers, stimulants and depressants - are deeply ingrained in our way of life.

However, I am pleased to see that this committee has not been lured by the sentiment that complex problems in the area of destructive and dysfunctional drug use are over and we can now feel assured that support and interest are no longer necessary.

As President of the National Coordinating Council on Drug Education, I heartily endorse the philosophy underlying the legislative language contained in S.2848. Both S.2848 and H.R. 9456 reflect the enlightened view, long advocated by the Chairman of this Committee and by his distinguished ranking Minority Member of including the words "alcohol and drug abuse" not only in the title of the act but in every line of the bill where the words "drug abuse" appear. Additionally, S.2848 specifically mandates that funds -- shall be available for such activities as -- comprehensive demonstration programs in schools and communities which focus on the causes of drug abuse rather than the symptoms; which emphasize the need for the affective as well as the cognitive approach; which reflect the specialized needs of local communities..." This language, buttressed by the broad purpose clause, clearly mandates the development of community based and school based R&D programs which hopefully will aid those limited early intervention approaches now under way.

The Coordinating Council enthusiastically endorses the philosophy of S.2848. Our Council was among the first organization to point out the failures of information - based programs of the past. We are pleased to see that the mistakes of the past are not replicated in this legislation. In our three comprehensive evaluationsof drug abuse audiovisuals, the Council found most drug abuse films, slide shows, and film strips sadly lacking in scientific accuracy and in conceptual integrity. In the third edition of Drug Abuse Films, only 18% of the more than 200 films reviewed by our expert panels were recommended for utilization by any drug abuse program.

Study after study, including the much publicized Macro Sytem and Number Nine studies funded by the Department of Health, Education and Welfare, concluded that early information based drug education programs were abysmal failures. Our oganization has pointed out that many thoughtful and creative people in the field turned away from such programs because of the innaccurate information which they attempted to disseminate and the hysterical quality surrounding the entire effort.

Another critical shortcoming of these early efforts was the mistaken impression that drug propaganda was drug education. Drug education as originally conceived and legislatively supported was destined for failure since it ignored the lessons of history and denied the attractiveness of the recreational use of chemical substances (including alcohol and tobacco). Those earlier campaigns sought to use fear as an instrument for curbing abuse. Whenthat failed moral directives and inaccurate scientific information formed the focal point for alleged behavior modification.

During the past decade this nation has been struggling to respond to the fact that millions of its citizens are using, and continue to use, a broad variety of pharmacological substances, both licit and illicit, to affect mood and behavior for non-medical purposes. Recreational drug use is unlikely to be modified by educational or prevention campaigns aimed either at the transference of moral judgments or the conveyance of scientifically invalid and innaccurate information. Most of our past efforts to prevent drug "use" through information and alleged educational programs rested upon the expectations that if young people understood the facts about prohibited drugs, very few would use them. Early drug abuse education programs assumed, without proof or evaluation, that if the facts were fully known about illicit drug use, young people would accordingly modify their behavior and embrace abstinence. Our errors of the past are certainly worth noting so that such mistakes will not be replicated in the future.

Beginning in 1969, American radio and television stations carried large numbers of superbly acted and directed anti-cigarette commercials which warned the public of the hazards of cigarette smoking and urged smokers to stop. Many of these messages were aimed at young people. It was argued that young people would be profoundly impressed by what they heard and saw. Vast numbers would be convinced that cigarette smoking causes cancer and other diseases, impairs health and shortens life. However, young people during those years took up smoking in increasing numbers. As Edward Brecher dramatically demonstrated in Licit and Illicit Drugs, such campaigns had counter productive effects. Studies concerning the increasing use pattern of teenage smoking demonstrate that the warning messages against the hazards of smoking failed to convince young people that they should not smoke but rather convinced them that they can continue to smoke for a few years and then decide, when they want,to stop. Brecher contends that nicotine, like morphine and heroin,is an addicting substance. He impressively documents the fact that cigarette smoking in the United States, after years of intensive anti-smoking campaigns, is at an all time high. Our anti-smoking campaigns amply demonstrate that well meaning drug education efforts often have done more harm than good. One of the most significant errors of the past is that we have made irrational semantic distinctions, based neither on scientifically valid evidence nor dysfunctional behavior. We have referred to certain drugs as either "hard" or "soft."

We have also defined caffein, nocotine and alcohol as non-drugs, and as different from heroin, barbiturates and amphetemines. As a result, we continue to advertise and promote the drinking of alcoholic beverages while simultaneously campaigning against the recreational use of barbiturates. Pharmacologists however, tell us that the two classes of drugs are barely distinguishable in their effects, ranging from pleasant sedation to drunkenness and delirium tremors. We support Brecher's thesis when he concludes that a sound educational program must avoid establishing a privilege group of "licit drugs" like caffein, nicotine and alcohol whose use can be promoted despite the hazards and a condemned group of "illicit drugs" whose use is warned against despite some potential benefits. I would respectfully suggest that it is fantasy to assume that drug education campaigns can totally eradicate drug seeking behavior. Simple information transferrence about the untoward effects of illicit substances will not necessarily lead one toward abstinence from drug use, be it experimental or social - recreational. The limited success of physical fitness, fat-free diet, anti-smoking and other health-oriented campaigns should have alerted us to the inadequacies of this naive belief.

In making these comments and criticisms about campaigns of the past I should hasten to add that I am speaking about the historical American attitudes towards drugs, and drug education in particular. Under the enlightened leadership of people like Dr. Helen Nowlis these attitudes and policies are today in the process of change. I believe this change will be further accelerated by the enactment of legislation like S.2848 which is buttressed upon the enlightened belief that drug abuse is a complex human phenomena: As such, there is no single intervention approach which is necessarily applicable to all school systems or to all local communities.

Speaking personally as one who has been deeply involved on the supply and demand sides of the drug abuse prevention equation and as a private practicioner representing individuals charged with drug related offenses, it is my hope that we will now establish realistic standards for evaluation of the drug abuse prevention efforts mandated by the bills now under consideration.

I would respectfully suggest that drug abuse prevention and education campaigns should attempt to minimize drug use but recognize that total eradication of drug seeking behavior is probably impossible. Campaigns aimed at teaching responsible drug use might help us to avoid dysfunctional drug seeking behavior and restore the credibility of the drug educators. A re-examination of the programs of the past might cause us to conclude that the ingestion of mind-altering substances for recreational purposes might well be normative behavior, especially among curious adolescents and teenagers. The recognition of this fact ought not lead us to the conclusion that this is healthy behavior. However, it should lead us to the setting of realistic goals for drug abuse prevention consistent with that acceptance. Drug abuse prevention and specifically early intervention strategies should be designed to prevent individuals from using pharmacological agents which do themselves harm and by extension, damage the society in which they live. By teaching young people about the risks inherent in their behavior and the choices which they must make as they mature, it might well be that we can develop a more responsible adult drug using population. The message then, ought not to be that only abstinence is acceptable behavior but rather that if one decides to use a substance, then that substance ought to be used in a rational and responsible manner. I am fully cognizant of the implications of this statement. It implies that we must reexamine our present control structure. We must also rid ourselves of the irresponsible distinctions between "hard" and "soft" drugs and the definition of alcohol, nicotine and tobacco as non-drugs. We also must consider the formulation of a more rational system of controls based upon an accurate assessment of the hazard potential of the pharmacological substances which we intend to control. Enforcement consequences of such control must not be overlooked. Such reevaluation forces us to abandon the hypocrisy of the past where nicotine, alcohol and mind-altering agents were defined either as "non-drugs" or as "soft" drugs. By setting more realistic and attainable standards we might also be able to lessen the social costs involved in the misuse of drugs (i.e., those social costs that are readily manifested in traffic deaths, overdose deaths, manhours lost to industry, and wasted and empty lives).

It is my firm belief that the philosophy underlying S.2848 as well as aspects of H.R. 9456 and S.1845 are clearly supportive of the type of enlightened intervention campaigns and rational educational approaches strongly endorsed by our Council. By setting success goals such as regular class attendance, acceptable school behavior, grade improvement, and non-criminal or anti-social conduct we are moving in the direction of a reexamination of our past attitudes toward drug use and drug abuse. By recognizing that the community as well as the school system can and should play a role in shaping the behavior of young people we have travelled a significant distance in effecting a change in our past attitudes toward drug education. On behalf of the Council I heartily commend the Chairman and the Members of this Committee for their enlightened leadership in blazing the trail in a forest which has been dark for a long, long time.

Thank you again for the opportunity to appear before you this morning.

STATEMENT OF REV. HAROLD BURRIS, CEDAR FALLS, IOWA, A MEMBER OF THE NATIONAL ACTION COMMITTEE FOR DRUG EDUCATION

Reverend BURRIS. I am Harold Burris, minister of the United Methodist Church, and formerly the director of the Wesley Foundation, assistant professor, Department of Religion, University of Northern Iowa.

Mr. Chairman, members of the committee, thank you for this opportunity to express my concern over and support for the continuance of a national drug education program.

For the past 20 years I have observed the drug scene and its destructive growth in the cities of New York, Chicago, and now recently in the State of Iowa. I am convinced that the scourge of drugs is still with us.

The use of polydrugs, and the ever-rising use and abuse of alcohol shows no indication of abatement. Two weeks ago in the cities of Waterloo and Cedar Falls, Iowa, the largest three drug raids in their history occurred.[1]

The young people arrested, some personally known to me, were persons of great potential whose lives are now sidetracked by destructive behavior. The drugs confiscated in each raid were of numerous types.

As a people, we are often driven to response by crisis; we yearn for these crises to pass quickly—we want to say the scourge is over.

However, as so many of our social ills, we declare victory long before the task is completed. For the sake of our youth, those involved in the drug scene, and those growing into the age of decision around drug-related behavior, I hope we will not slacken, but intensify our services.

The substitution of the Senate bill 2848 to extend and improve the Drug Abuse Education Act of 1970 can be one step in this direction.

Since the initiation of the current drug education program in 1970, I have served as a member of the sounding board of the National Action Committee for Drug Education, and more recently, as a member of their technical assistance pool, I have been providing management assistance to State, community, and school-based programs.

At their request, I have given particular attention to the initiation of the 7 regional training resource and development centers, and have been involved in the training of nearly 120 preservice teams for colleges across America.

Finally, I have provided coordinating assistance to 11 components of USOE, ongoing projects which may provide valuable information about the installation of varied programs in different kinds of communities.

I support the bill before you because I believe it recognizes some of the experiences confirmed in recent drug education. Drug use and abuse are complex behavioral phenomena requiring varied approaches and broad involvement by all segments of society.

We need to continue the development of various research and development programs, enabling interdisciplinary groups to pool their resources to respond not only to drug problems but to all the developmental crises which contribute to drug abuse. This must include alternative programs within and outside the school systems.

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[1] Waterloo Courier, Friday, Jan. 18, 1974. Cedar Falls Record, Tuesday, Jan. 15, 1974, and Saturday, Jan. 19, 1974.

No amount of money can be appropriated by the Congress to respond to all the needs of every American community.

We can, however, provide training for teams of people in the schools and communities so that they can develop programs involving their youth appropriately to specifically identified personal and social needs among specified target populations. Such a national system is viable because it is less costly, eliminates duplications, and provides a service from the Federal Government which will support rather than interfere with local initiatives.

Many States have developed in their educational support systems valuable programs which aid local and county school systems. Such programs should be funded on the merit of their services, and I hope we will not provide block grants in such a way as merely to create new self-serving bureaucracies. Again we cannot duplicate existing services nor permit funds to be dispersed without some expectation of meaningful direct services to our people.

I believe the time is appropriate as we respond to drug problems to examine new approaches to youth and their concerns through our educational system. Preservice programs in colleges and universities can be a catalyst for educators, teachers in training, school systems, and school personnel to study and alter ways in which our youth may improve their self-image, heighten their sense of accomplishment, respond more positively to authority and peer pressure to recognize a sense of influence over their own destiny, and in general develop positive approaches to life situations.

Whatever programs we sponsor and develop at a national level must be evaluated at least on three levels. First, we must discover if the funded program is accomplishing the goals which it has set for itself; second, does the program respond to felt community needs; and, third, is drug abuse among youth reduced?

This final component of evaluation is a long-range evaluation which can only be measured after youth have approached and passed through the age of decisions around drug use and abuse. Every effort to experiment with alternative programs is significant as we move toward these goals.

In the area of drug abuse the most important task facing our society is not drug control itself, rather we must promote among our youth the best means for honest communication around issues of mutual concern.

I hope we can do a better job of providing, hearing, listening, and coping skills so that the so-called generation gap can be reduced in such a way as to diminish and eliminate the wasteful amount of destructive behavior which plagues too many American youth and adults.

I thank you.

Senator RANDOLPH. Thank you very much, Reverend Burris.

I have listened very carefully to your statement. I know as you present it you have been identified with and involved in the work of your community for how long?

Reverend BURRIS. I am involved in the work in Cedar Falls, Iowa, since 1969. I have been involved in the development of programs in the State of Iowa since 1970, and with the national program since 1970, also.

Senator **Randolph**. Now, can you document for us, or give us perhaps an illustration of what you believe to be the effectiveness in, let us say, developing programs of which you have been a part, specifically in one or more of the communities in which you have had leadership?

Reverend **Burris**. I suppose the best place to start is at home. Where in the city of Cedar Falls, through the State programs that were begun in 1970, teams of people were trained. Two teams were trained from the public high school and the university high school in the city of Cedar Falls.

It is interesting to note that over a period of some 6 months to 7 months after that initial training and with the involvement of youth in the community, it was finally decided that at the initiation or the request of young people some kind of service agency for youth needed to be developed.

A group met together on several occasions, bringing together the school resources, the community resources and the youth of that community, and eventually an agency known as "the joint" was created.

We thought all kinds of chaos would break out from it.

Among the early problems was the fact that we wanted a location that was visible, available to youth, and the way that that town happens to be structured, the best place was downtown in the middle of the business district.

We had many reservations and concerns but, because the program was basically sold to the total community in order to respond to the needs in the total community, not only to serve the youth, but educate adults, for referrals, and all kinds of education. and intervention was bought by every group, including the businessmen. Its early funding was meager, composed of a small YMCA grant. Through various efforts at training, public relations efforts to sell the city council, finally the program has been funded, not only by the Y, but also by the city council. Thus the bounty of training 12 people in a program at the State level has paid off in a total ongoing program which is now in its second year of existence.

I have also been involved with a program in Kearney, Nebr. Here a community program in concert with the school system and Kearney State Teachers College brought together their resources this year to install a program that would respond to preservice among students who were in this college of education, that would respond to inservice needs in terms of teachers who are teaching or working in the Kearney school system, and also would respond to the needs of the high school by involving students from the high school in various efforts of counseling, of training, and alternatives.

That has turned out to be one of the most fascinating, exciting programs I know of. They kind of use me, as I told them some months ago, as a wastepaper basket, sending me all the material and reports of the things they have been doing.

It is exciting to see a project that garnered the support of the total community. All the groups in this community were willing to admit they had a problem, to which they wanted to respond. The best way to respond was working together.

They went about that task. Through the resources of the Regional Training Center, the training of staff, through the State program in Nebraska, and through the initiative and cooperation of the various agencies of that local community, a real spark has occurred, not only for training, in drug education, but for a community to look at its whole delivery services for youth in that particular region.

I think that kind of thing is an exciting spinoff from drug education.

Senator **Randolph**. What you say is very stimulating, very encouraging to me. I am sure it would be to others, if they were present and could have heard what you have said here today.

I do not want to place the smaller city against the bigger city, but I have a feeling that, let us say, in Cedar Rapids, Iowa, or in Kearney, Nebr., that you have the opportunity and you have the determination and the capacity and the will, whatever words could be used, to handle your drug problem, where it might not be handled as effectively in larger areas of population of the country, am I correct in that?

Reverend **Burris**. Well, I think that is correct, only if you face a prior fact that the smaller town and community has the resources to respond to its problem, once the problem has been identified, and once it has identified resources with which they can work.

Too often, small towns are afraid to admit they have a problem. Second, once they admit they have a problem, unfortunately they often do not have the resources, the background, or the wherewithal to turn for the kind of technical training, and the kind of education just to get the spark started.

Once that occurs, then I certainly agree that the resources in a small town can be brought together. They need that outside help, that initial training, that spark of interest, which in part also says to them, because you have a problem does not mean your community is a failure. This is a very significant feeling, and attitude in the small town.

Small towns do not want to see themselves because they have such involvement and investment in their town as failures. So to admit the problem any response has to be turned into a positive way of responding and building their whole concept, self-concept, self-esteem as a community.

Senator **Randolph**. I agree with what you are saying. I live in a city of 9,000 persons, Elkins, W. Va. We did know we had the problem at Davis and Elkins College, a Presbyterian-oriented college with some 850 students, men and women.

We knew we had a problem to a degree within the high schools. The spark for us at that time was the acceptance by Senator Hughes of an invitation to come to our community and talk and counsel with us, and we brought a thousand persons together to hear him.

We made arrangements for the radio station to carry his address, not once, but the station itself, as a public service, carried it day after day, day after day.

There was a decision made by the elements in the community, including law enforcement, education, business, youth groups, service groups, that if we came together in a partnership of understanding and determination to help, to alleviate or lessen the problem, it could be done.

I want to report to you that with this very acceptance of the need for outside help, and the very understanding of the problem, I believe we have done reasonably well.

I commend you for what you are doing.

My final observation, perhaps not a question, is: you are a minister, and where does the church fit into this program from the standpoint of positive, helpful leadership?

Reverend **Burris**. In many ways. I have always been encouraged by the number of clergy and lay people, that have been not only involved in their church, but from their church commitments have felt it mandatory that they become involved in the community, and to respond to the total community's problems, and needs.

Secondly, I believe that the Church has a responsibility to all of the young people and their families it has to encounter, to deal with them around all kinds of destructive behavior, and to try to bring the resources, the spiritual resources we propose to share and to bear to the very specific needs and concerns of our young people.

So drug abuse and all other kinds of social problems cannot be outside of the doors of the church. They belong in the pulpit and the pew, on an ongoing basis as part of the Church's life.

Denominationally, I believe that every Church group has a responsibility to make the same kind of commitment of resources, of personnel, to respond to these particular problems to the maximum of their ability.

There is no room for preachers, lay people, boards of agencies of the Church merely to preach about what is wrong. We have to be a part of the changing process of the society.

I think at all of those levels the Church has a tremendous responsibility, which it has not exercised to its fullest at this point, but like every other agency, they must be pulled, pushed, tugged, towards whatever needs to be done.

Senator **Randolph**. You have been doing all of those things, have you?

Reverend **Burris**. I have tried.

Miss **Miller**. Reverend Burris, as you know, in Iowa the various social and public health services are organized by geographical areas.

I recently visited area 16, down in the southeast part of the State, in the Fort Madison-Burlington area, met with their area drug abuse council, and found a very active area drug abuse council, and active area alcohol commission.

Fortunately in that area they spoke to each other and attended each other's meetings, and were very eager to encourage cooperative programs.

My question is, do you see any difficulty in similarly relatively rural and smalltown parts of the country bringing the existing alcohol and drug concerned organizations together in the management of drug abuse education programs?

Is it going to be difficult? Will they continue to have friction?

Reverend **Burris**. I do not think bringing together any groups ever is an easy task. They all have their turf and history that they want to protect. In order to deliver maximum services to any given population, there has to be some meshing of resources and personnel.

So I think this is a difficult job, one that we cannot escape. I think there are many pitfalls in it. One of the most dangerous is control. I think that is one difficulty that we are dealing with in Iowa.

The great concern is that local initiative is going to be destroyed by regional and State control. So I think that control has to be exercised by responsiveness to needs, and not just control for structure sake, or not just structure for control sake.

In other words, basically what I said earlier, I am totally committed to change in the drug scene, and the drug scene cannot merely create new bureaucracies around the country. The coming together, organization and sharing of resources have to have the goal of delivery of services. When services are not delivered, then I question whether such organizations have much value to the people.

Miss **Miller**. I noticed in your testimony you mentioned serving as a member of the sounding board of the National Action Committee. Would you explain to us what that is?

Reverend **Burris**. In 1970, when the drug program was initiated within the Office of Education, Dr. Nowlis was asked by the administration to head a panel of some 25 people around the country, who would be responsible to the Office of Education in program development, in monitoring and assisting, in providing services, skills, input into the Office in projects around the country.

This sounding board has continued through the past 3 years to give that kind of input. Also it has provided technical assistance to the numerous programs that the Office has developed during this period.

It has been a marvelous opportunity to get lay input into the programs. It has been a sharing experience on the part of us who have been working in other fields, for example, for most of that time.

I was a campus minister in Iowa, and other members work in various other kinds of professions and brought their resources and their experiences to bear on the development of the program. ,

I think the Office of Education has found the National Action Committee, the sounding board, and the technical assistance pool a valuable ally in the development and management of their projects.

Mr. **Cutler**. One question.

Do you believe the authorization levels provided in S. 2848, as introduced by Senator Javits, are adequate, or are they excessive?

Reverend **Burris**. I do not believe they are excessive. I question whether they are adequate, and if the figures in the bill represent what the Office will actually receive.

I therefore feel in the light of the history, the way funds move from the committee through the Congress, through OMB to the Office, that a higher level might be more in order in order to secure the levels indicated.

I think you also have to face the reality of some difficulty in the funding, in that we are talking about funding at a time when the office is facing great crisis, because their funding, other than the $6.7 million, ends in June, and has meant a serious cutback in terms of their programs.

I am alarmed and concerned about the number of, for example, State education coordinators who have been funded through our program, who as of this point the office will probably not be able to refund, and we will lose those coordinators.

In my own State of Iowa, there is the possibility we will lose Mr. Collenberg. That means starting in some cases 3 years back again, and in other cases it may mean a kind of destructive coordination, where the single State agency may put an occasional consultant on their staff, who has no relationship to the State Department of Education, and that will provide, it seems to me, for a serious gap.

Mr. **Cutler**. Why could we not proceed, as the administration testified yesterday, through formula grants to the States to accomplish these same goals?

Reverend **Burris**. I do not believe you would accomplish these same goals with formula grants to the States. I think one of the ways in which the States have today developed significant programs is that they have had to be accountable programmatically to the Office of Education.

They received the money on the basis of their presenting a proposal around responsiveness to needs, whether they be in training or direct service, or preservice, or a combination of all of these.

I think it would be very unwise merely to put out block grants of money, and say "you do with them what they want". For even with the tight kind of management the office has exercised, I personally have gone into situations as a consultant, and found a State, for example, that had received money through the office, that had kind of sideways decided, or someone had decided that this money should go to hire the head of an athletic activity for the State, without consulting, and without comparable responsiveness to drug needs.

I think that would be a very unwise way to put out the money.

I think the money ought to have behind it methods to get response in terms of service.

Senator **Randolph**. Thank you, Reverend Burris.

As the acting chairman of the subcommittee today—it does not have anything to do with the testimony or questioning—but I will carry back with me, as I am sure other members of the subcommittee will, our feeling that we would like for you to know insofar as we are knowledgeable, and informed, that we will attempt to keep in mind what you and others have said, that just massive sums of money are not enough, so-called block funding, this is not enough, but only by the responsibility of individuals can you realize the challenge, and this work can finally be done.

Perhaps a rebirth at the individual level is what we need most. You have certainly encouraged me today of that fact.

Thank you very much.

Our next witness is Dr. Audrey Holliday, professor of psychiatry, University of California Medical School at La Jolla.

STATEMENT OF AUDREY R. HOLLIDAY, PH. D., PROFESSOR OF PSYCHIATRY, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AT LA JOLLA

Dr. **Holliday**. Mr. Chairman and members, I will try to paraphrase some of this because many of the preceding speakers have said somewhat the same things.

I am very pleased to have been asked to appear before this subcommittee to give you my views of the need and function of training centers in drug education and of the role of the Office of Education in support of those centers.

I suppose to place this testimony into perspective, I should say that I am here in support of Senate Bill 2848 because it certainly gets at the complexity of human behavior and the psychosocial aspects of the problem of drug abuse or prevention, and of course the insistence on adding alcohol to drug abuse. And I would say for myself that maybe 5 years from now, we will call it substance abuse, rather than still separating alcohol and drugs.

Again, to place this testimony in perspective, I am not at all against categorical grants and think that they may be necessary, particularly in the fields of research and training, for some time.

All States are not necessarily ready to use revenue-sharing funds for these purposes at this time.

I draw your attention to the fact that it was the Federal Government that took the leadership in regard to treatment or rehabilitation of opiate addicts prior to moving to release some revenue-sharing funds to the States for the same purpose.

The Federal Government has, in many respects, a teaching responsibility before simply making another pendulum swing from the implementation of the philosophy behind block grants or revenue sharing.

Further, while it is fashionable in some quarters to denigrate civil servants, the truth of the matter is that there has long been building a concentration of expertise in the Federal Government, expertise that one may not always find readily available in a given State.

In sum, I am not against the principle of revenue sharing, but I feel strongly that it should take place when a State is ready in a field and can show available expertise through persons having been trained or through persons having made an orderly transition from Federal Government to State government positions.

With its training centers, the Office of Education has made a sterling effort to involve various segments of the community, including schools, in planning for, and taking action in regard to the problems of substance abuse.

However, that effort is young, has been in existence for only approximately 2 years, and it would be folly to destroy it at this point.

All communities and their schools are not yet wholly ready to help themselves in regard to solving substance abuse problems.

One last general point, and that is in regard to money.

The Office of Drug Education, Nutrition, and Health Education of the Office of Education had available to it approximately $12 million last year for preservice training of teachers, for working with various State departments of education, for training centers, and for 55 community and college projects on a research and development basis. It now has available to it for fiscal year 1975 only $5.7 million.

I heard somebody here today say $5.4 million, so it could be either.

There is, as far as I know, the sum of zero in the President's budget. for drug prevention efforts in the Office of Education in the year 1975.

Already, it has been necessary to advise two regional training centers that there are not sufficient funds to continue the regional effort in regard to training centers and that, unless some monetary provision is made, it will be necessary to close those two centers within the next few months. In other words, those two training centers will not be closed for lack of excellence or need but for lack of funds. It is not enough to talk in principle about extending the effort of the

Office of Education in regard to prevention of drug abuse. Funds must be made available to extend.

I do not know how the Members of the House and Senate in their infinite wisdom solve these matters. I do know that, for lack of funds, there is a serious threat to the network of regional training centers of the Office of Education right now, and even if this bill is passed and the Drug Education Act of 1970 is extended for an additional 3 years, there still will be a hiatus in regard to funding of the system because of the lag in regard to actual appropriations and because of negotiations that must go on with the Office of Management and Budget, et cetera.

In effect, I would hope that there can be some kind of supplemental appropriation immediately. A system cannot long survive losing its parts and its trained personnel and then try to start up again immediately as a whole when funds are available and spendable.

I would not think that the Office of Education could wisely use $90 million over the next 3 years even for all drug abuse prevention purposes, but I am not a fiscal expert.

Given the present level of effort and an orderly expansion of effort, I should think $50 million might be wiser with less in the first year and an escalation of funds in the next 2 years, depending on what an evaluation which should be conducted toward the end of the first year of the extension of this act shows.

Turning to your specific questions in regard to training centers in drug education and the role of the Office of Education, I will preface my response only by saying that I have recently had the distinct pleasure of chairing an interagency Joint Task Force on Regional Training Centers. The agencies involved were the Special Action Office of the White House, the Office of Education, and the then National Institute of Mental Health—now changed in regard to drug topics to the National Institute of Drug Abuse or NIDA.

All regional training centers were visited by various members of the Joint Task Force. I will skip the names of those centers.

Essentially, we visited six National Institute of Drug Abuse Centers and seven of the OE centers—all of them, in other words.

In regard to the role the Office of Education should take in support of its training centers, it is probably clear by now that I feel that the Office of Education should take the fiscal and leadership responsibility for the regional training centers.

I would not, at this time, like to see the provisions of this bill incorporated into the "Special Projects Act," as proposed by S. 1539.

The regional training centers are an established and on-going system, a system which appears to work very well. There should be a categorical program authority for 2 or 3 years until it is known how well the "Special Projects Act" works.

There are special credibilities which can best be met and maintained through the Office of Education in the field of drug abuse prevention, education, and/or training, and the Office of Education should support the OE regional training centers.

The Office of Education does have special credibility with the educational establishment. While training of a given person could, in some instances, come from both the networks of regional training centers, it seems most reasonable that the identity of OE in regard to the support of its training centers in drug education and prevention should be maintained at this time.

For example, a school nurse, no doubt, should acquire her nursing skills from a professional school and might well get additional professional information and training at a NIDA regional center.

However, when it comes to relating to the institution in which she works, that is, the school system, she needs training in an OE center in regard to the problem of bringing together persons in the educational system and other persons in the community; for example, law enforcement personnel, clergy, lay leaders, administrators, et cetera, to combat the problem of abuse or addiction by persons in the school or in the community at large.

In other words, it makes sense to have training in terms of the constituency being trained.

That constituency is a very large and varied, particularly in view of the fact of the complexity of response OE has given to the problems of drug abuse prevention in its training centers.

When one thinks of the number of school districts and communities and States in the United States, it is clear that the Office of Education, through its network of regional training centers, cannot train every single person in need of training. However, it is precisely there that the teaching function lies in regard to training which may ultimately be taken over by the individual States.

One would not expect the network of Regional Training Centers to be utilized forever. On the other hand, the need for it right now is very great.

That network is extremely valuable for the foreseeable future in order to aid in the vital need for community personnel, including school personnel, to integrate in regard to working out solutions for substance abuse prevention.

There has sometimes seemed to be a tendency over the past few years for school personnel and other community personnel not to work closely together, and this is a laudable attempt on the part of OE to get school personnel and other personnel in the community to work with each other in regard to solutions to prevention of the behavior involved in substance abuse.

Be assured that it is not the function of the Office of Education network of regional training centers simply to give 2-day or 2-week informational courses about drugs and their respective dangers. The principal purpose of the OE regional training centers is to select and train teams from communities, to the end of having them act as catalysts for development of responses to the drug problem and its prevention by the community at the community level.

The team comes to an OE training center and develops, during its training, a specific plan to combat substance abuse in its community. This goal has generally been stated to some degree in advance with the assistance of center staff who contact that team before it comes to the center for training.

Following the task-oriented training then received at the center, there is intensive follow-up offered by the center when the team returns to the community.

This is, of course, very often done in coordination with the local educational system. This is not to say that information about drugs is not given and curricula are not developed. It is, and they are. But the primary emphasis in training is on welding the team together to take care of its own problems in the schools and the community at large with considerable emphasis on the possible approaches to substance abuse problems and their prevention in a given community.

It was clear from visiting the centers that, while there is opportunity for flexibility and differentiation in response from OE center to OE center—and that is certainly necessary because of centers serving different regions—centers carry a common set of goals integrated with the goal of the National Office of Education.

The procedure of calling together center directors and other personnel periodically to work on common problems to attain goals in conjunction with national OE personnel seems to work well.

The Office of Education system of regional training centers appears currently to be a cohesive, centralized, and well-structured system.

The idea behind the OE regional training centers is an excellent one. It appears somewhat to foreshadow S. 2848 in the sense that both recognize the need for a complex, though integrated, response or set of responses to the very complex behavior manifested in substance abuse. The implementation of the idea by the regional training centers appeared to have been excellent.

I draw to your attention that the use by the Office of Education of the minigrant vehicle in financially aiding teams from communities to come to a regional training center has been a very good innovation. It is one way to make certain that the poor and minority ethnic groups may share their problems, and the need for response to those problems, with other members of the team selected from that community.

It has been a way to bring segments of the community together to face problems within their midst, problems of which some members might otherwise have been unaware.

Because the system is task oriented and is truly a system, it is able to shift as goals shift.

For example, if it were shown that SPARK has been an effective approach—and I think it has—then, as that system is extended, the personnel in that system, regardless of specialty, should be trained by those who have credibility with, and experience and understanding of, school systems in which such programs would take place.

Parenthetically, for myself, I should think that the Office of Education might well experiment in the next year or two with extending this model from high school downward because substance abuse problems do not necessarily, in these days, originate only in the upper levels of high school.

I do recommend that a formal evaluation of the OE training centers should now be conducted. This is not to say that each regional training center does not do a continuing evaluation of itself, and it is not to say that efforts toward evaluation have not been made.

However, to my knowledge, sufficient funds for a large-scale, objective evaluation have never been made truly available.

The OE regional training centers program was designed to achieve certain goals utilizing certain methods. It was, therefore, designed for an evaluation and funds for a common evaluation must be made available. This evaluation should be considered a priority and separate funds for such an evaluation should be included in this bill.

In other words, the bill should not only appropriate funds for action programs in regard to substance abuse prevention and education, but also earmark a certain sum for a very good evaluation of the regional training center system.

I do not know what that sum would be, but I would estimate that at a minimum it should be $500,000.

Thank you very much for the opportunity to testify before you.

[The prepared statement of Dr. Holliday and curriculum vitae follows:]

Statement by
Dr. Audrey R. Holliday
Professor of Psychiatry
University of California at San Diego
Director of the Narcotic Treatment Program
USCD - San Diego County
Before the
Subcommittee on
Alcohol and Narcotics
of the Senate Committee on Labor and Public Welfare
U.S. Senate
Friday, February 7, 1974
10:30 a.m.

Mr. Chairman and Members of the Subcommittee:

I am pleased to have been asked to appear before this Subcommittee to give you my views of the need and function of training centers in drug education and of the role of the Office of Education in support of those centers.

Prior to that, however, I would like to say, to place this testimony in perspective, that I wholeheartedly support S 2848 over HR 9456 because of the recognition it shows of the complexity of human behavior and problems in regard to drug abuse and because of its more complex response to those complex behavioral problems.

Again, to place this testimony in perspective, I am not at all against categorical grants and think that they may be necessary, particularly in the fields of research and training, for some time. All states are not necessarily ready to use revenue-sharing funds for these purposes at this time. I draw your attention to the fact that it was the Federal government that took the leadership in regard to treatment or rehabilitation of opiate addicts prior to moving to release some revenue-sharing funds to the states for the same purpose. The Federal government has, in many respects, a teaching responsibility before simply making another pendulum swing from the implementation of the philosophy behind categorical grants to the implementation of the philosophy behind block grants or revenue-sharing. Further, while it is fashionable in some quarters to denigrate civil servants, the truth of the matter is that there has long been building a concentration of expertise in the Federal government, expertise that one may not always find readily available in a given state. In sum, I am not against the principle of revenue-sharing, but I feel strongly that it should take place when a state is ready in a field and can show available expertise through persons having been trained or through persons having made an orderly transition from Federal government to state government positions.# With its training centers, the Office of Education has made a sterling effort to involve various segments of the community, including schools, in planning for, and taking action in regard to, the problems of substance abuse. However, that effort is young, has been in existence for only approximately two years, and it would be folly to destroy it at this point. All communities and their schools are not yet wholly ready to help themselves in regard to solving substance abuse problems. One last general point, and that is in regard to money. The Office of Drug Education, Nutrition and Health Education of the Office of Education had available to it approximately $12 million last year for pre-service training of teachers, for working with various state departments of education, for training centers and for 55 community and college projects on a research and development basis. It now has available to it for FY 75 only $5.7 million.

There is, as far as I know, the sum of zero in the President's budget for drug prevention efforts in the Office of Education in the year 1975.

Already, it has been necessary to advise two Regional Training centers that there are not sufficient funds to continue the regional effort in regard to training centers and that, unless some monetary provision is made, it will be necessary to close those two centers within the next few months. In other words, those two training centers will not be closed for lack of excellence or need but for lack of funds. It is not enough to talk in principle about extending the effort of the Office of Education in regard to prevention of drug abuse. Funds must be made available to extend.

I do not know how the members of the House and Senate in their infinite wisdom solve these matters. I do know that, for lack of funds, there is a serious threat to the network of Regional training centers of the Office of Education right now, and even if this Bill is passed and the Drug Education Act of 1970 is extended for an additional three years, there still will be a hiatus in regard to funding of the system because of the lag in regard to actual appropriations and because of negotiations that must go on with the Office of Management and Budget, etc. In effect, I would hope that there can be some kind of supplemental appropriation immediately. A system cannot long survive losing its parts and its trained personnel and then try to start up again immediately as a whole when funds are available and spendable.

I would not think that the Office of Education could wisely use $90 million over the next three years even for all drug abuse prevention purposes, but I am not a fiscal expert. Given the present level of effort and an orderly expansion of effort, I should think $50 million might be wiser with less in the first year and an escalation of funds in the next two years, depending upon what an evaluation which should be conducted toward the end of the first year of the extension of this Act shows.

Turning to your specific questions in regard to training centers in drug education and the role of the Office of Education, I will preface my response only by saying that I have recently had the distinct pleasure of chairing an interagency Joint Task Force on Regional Training Centers. The agencies involved were the Special Action Office of the White House, the Office of Education, and the then National Institutes of Mental health (now changed in regard to drug topics to the National Institute of Drug Abuse of NIDA). All Regional training Centers were visited by various members of the Joint Task Force. These included:

Drug Dependency Institute New Haven, Connecticut	NIDA
Institute of Social Concern Okkland, California	NIDA
National Drug Abuse Training Center, Oklahoma City, Oklahoma	NIDA
National Drug Abuse Training Center, Coral Gables, Florida	NIDA
Metropolitan Training Institute for Drug Abuse Treatment Queens, New York	NIDA
National Drug Abuse Training Center, Chicago	NIDA

and included:

USOE Drug and Resource Center Chicago, Illinois	OE
USOE Drug Training and Resource Center, Minneapolis, Minnesota	OE
USOE Drug Training and Resource Center, Plainview, New York	OE
USOE Drug Training and Resource Center, San Antonio, Texas Resource Center	OE

Regional Research and Development Center, Oakland, California	OE
Drug Dependency Institute New Haven, Connecticut	OE
Regional Research and Developmental Center, Miami, Florida	OE

In regard to the role the Office of Education should take in support of its training centers it is probably clear by now that I feel that the Office of Education should take the fiscal and leadership responsibility for the Regional Training Centers. I would not, at this time, like to see the provisions of this Bill incorporated into the "Special Projects Act" as proposed by S. 1539. The Regional Training Centers are an established and on-going system, a system which appears to work very well. There should be a categorical program authority for two or three years until it is known how well the "Special Projects Act" works.

There are special credibilities which can best be met and maintained through the Office of Education in the field of drug prevention, education, and/or training, and the Office of Education should support the OE Regional Training Centers. The Office of Education does have special credibility with the educational establishment. While training of a given person could, in some instances, come from both the networks of Regional Training Centers, it seems most reasonable that the identity of OE in regard to the support of its training centers in drug education and prevention should be maintained at this time. For example, a school nurse, no doubt should acquire her nursing skills from a professional school and might well get additional professional information and training at a NIDA regional center. However, when it comes to relating to the institution in which she works, i.e., the school system, she needs training in an OE center in regard to the problem of bringing together the persons in the educational system and other persons in the community, e.g., law enforcement personnel, clergy, lay leaders, administrators, etc. to combat the problem of substance abuse or addiction by persons in the school or in the community at large. In other words, it makes sense to have training in terms of the constituency being trained.

That constituency is very large and varied, particularly in view of the fact of the complexity of response OE has given to the problems of drug abuse prevention in its training centers. When one thinks of the number of school districts and, communities, and states in the United States, it is clear that the Office of Education through its network of Regional Training Centers cannot train every single person in need of training. However, it is precisely there that the teaching function lies in regard to training which may, ultimately, be taken over by the individual states.

One would not expect the network of Regional Training Centers to be utilized forever. On the other hand, the need for it right now is very great. That network is extremely valuable for the foreseeable future in order to aid in the vital need for community personnel, including school personnel, to integrate in regard to working out solutions for substance abuse prevention. There has sometimes seemed a tendency over the past few years for school personnel and other community personnel not to work closely together, and this is a laudable attempt on the part of OE to get school personnel and other personnel in the community to work with each other in regard to solutions to prevention of the behavior involved in substance abuse.

Be assured that it is not the function of the Office of Education network of Regional Training Centers simply to give two day or two week informational courses about drugs and their respective dangers. The principle purpose of the OE Regional Training Centers is to select and train teams from communities, to the end of having them act as catalysts for develpment of responses to the drug problem and its prevention by the community at the community level. The team comes to an OE Training Center and develops, during its training, a specific plan to combat substance abuse in its community. This goal has generally been stated to some degree in advance with the assistance of Center staff who contact that team before it comes to the Center for training. Following the task-oriented training then received at the Center, there is intensive follow-up offered by the Center when the team returns to the community. This is, of course, very often done in coordination with the local educational system. This is not to say that information about drugs is not given and curricula are not developed. It is; and they are; but the primary emphasis in training is on welding the team together to take care of its own problems in the schools and the community at large with considerable emphasis on the possible approaches to substance abuse problems and their prevention in a given community.

It was clear from visiting the Centers that, while there is opportunity for flexibility and differentiation in response from OE Center to OE Center (and that is certainly necessary because of Centers serving different regions), Centers carry a common set of goals integrated with the goal of the National Office of Education. The procedure of calling together Center directors and other personnel periodically to work on common problems to attain goals in conjunction with national OE personnel seems to work well. The Office of Education system of Regional Training Centers appears currently to be a cohesive, centralized, and well structured system.

The idea behind the OE Regional Training Centers is an excellent one. It appears somewhat to foreshadow S. 2848 in the sense that both recognize the need for a complex, though integrated, response or set of responses to the very complex behavior manifested in substance abuse. The implementation of the idea by the Regional Training Centers appeared to have been excellent.

I draw your attention that the use by the Office of Education of the mini-grant vehicle in financially aiding teams from communities to come to a Regional Training Center has been a very good innovation. It is one way to make certain that the poor and minority ethnic groups may share their problems, and the need for response to those problems, with other members of the team selected from that community. It has been a way to bring segments of the community together to face problems within their midst, problems of which some members might otherwise have been unaware.

Because the system is task-oriented and is truly a system, It is able to shift as goals shift. For example, if it is shown that SPARK has been an effective approach (and I think it has) then, as that system is extended, the personnel in that system, regardless of specialty, should be trained by those who have credibility with, and experience and understanding of, school systems in which such programs would take place.

Parenthetically, for myself, I should think that the Office of Education might well experiment in the next year or two with extending this model from high school downward because substance abuse problems do not necessarily, in these days, originate only in the upper levels of high school.

I do recommend that a formal evaluation of the OE training centers should now be conducted. This is not to say that each Regional Training Center does not do a continuing evaluation of itself, and it is not to say that efforts toward evaluation have not been made. However, to my knowledge sufficient funds for a large-scale, objective, evaluation have never been made truly available. The OE Regional Training Centers Program was designed to achieve certain goals utilizing certain methods. It was, therefore, designed for an evaluation and funds for a common evaluation must be made available. This evaluation should be considered a priority and separate funds for such an evaluation should be included in this Bill. In other words, the Bill should not only appropriate funds for action programs in regard to substance abuse prevention and education but also earmark a certain sum for a very good evaluation of the Regional Training Center system. I do not know what that sum would be, but I would estimate that at a minimum it should be $500,000.

Thank you very much for the opportunity to testify before you.

CURRICULUM VITAE

Audrey R. Holliday

Born: December 7, 1923

Place of Birth: Portland, Oregon

Education:
University of Oregon - B.A., Psychology, 1945
University of Washington - M.S., Psychology, 1949
University of Washington - Ph.D., Psychology, 1957

Positions:

University of Washington Guidance Center- Vocational Appraiser, 1946-48

Veterans Administration, Seattle, Washington- Clinical Psychologist Intern, 1948-50

University of Washington Speech and Hearing Clinic- Instructor, 1950-55; Lecturer, 1955-57

University of Washington Clinic for Child Study- Consultant, 1956-58

University of Washington School of Medicine, Department of Pharmacology- Research Instructor, 1957-59; Assistant Professor, 1959-65; Associate Professor, 1965-67; Affiliate Associate Professor, 1967-present

Department of Social and Health Services, State of Washington- Research Administrator, 1967-71

Illinois Drug Abuse Programs, State of Illinois, Department of Mental Health-Deputy Director, 1971-72

Department of Psychiatry, University of California, San Diego-Professor, and Director, Narcotic Treatment Program, 1972-present

Current Memberships:
Phi Beta Kappa
Sigma Xi
American Men and Women of Science
New York Academy of Sciences
American Association for the Advancement of Science
American Psychological Association
American Society for Pharmacology & Experimental Therapeutics
Collegium Internationale Neuro-Psychopharmacologicum
Fellow, American College of Clinical Pharmacology and Chemotherapy
Western Pharmacology Society

Major Committees:

Board of Trustees, Crippled Children's Society, Seattle, Washington, 1953-58

Board of Trustees, Community Psychiatric Clinic, Seattle, Washington, January 1960-December 31, 1965
Offices held: Secretary; Vice President; Chairman, Personnel Committee; Chairman, Long Range Planning Committee

Board of Trustees, Family Counseling Service, Seattle, Washington, January 1966-67

Mental Health and Mental Retardation Advisory Council of the State of Washington, 1965-67; Vice Chairman of the Subcommittee on Mental Health

Washington State Council for Psychiatric Institutions, 1965-67; Chairman, Ad Hoc Committee to formulate the program of the State Council

University of Washington Ad Hoc Committee on Hallucinogenic and Other Drugs, 1966-70; Chairman, Subcommittee on Legislation

Consultant, Region VI of the National Association of Student Personnel Administrators' Drug Education Project, 1966-67

Clinical Investigation Committee of the Division of the Health Sciences of the University of Washington, 1967-68

Chairman, Subcommittee on Research of the Governor's Health, Education, and Welfare Programs Committee, State of Washington, 1967-68

United Good Neighbors, King County, Washington, Ad Hoc Committee on Mental Health, 1967

State of Washington, Governor's Task Force on Drug Abuse, 1969

Law Enforcement Assistance Administration, State of Washington, Special Projects Technical Advisory Committee; Chairman, Sub-Committee on Drug Abuse, 1969-71

Dangerous Drugs Advisory Council, State of Illinois- Executive Secretary, 1971-72

Ad Hoc Review Committee for Education, National Institute of Mental Health, Consultant, 1971-72

Special Action Office for Drug Abuse Prevention (SAO/DAP) Consultant on the National Strategy, 1972

Major Committees:

Current Membership

Alcohol and Drug Dependence Merit Review Board, Veterans Administration, Member, 1972-1973

Narcotic Addiction and Drug Abuse Committee, National Institute of Mental Health, Member, 1970-present

Ad Hoc Review Committee for Training, National Institute of Mental Health, Consultant, 1971-present

National Advisory Committee for Drug Abuse Prevention, Executive Office of the President, Member, 1972-present

Technical Advisory Committee to the Citizens' Advisory Council, Department of Mental Hygiene, State of California, Member, 1973

Operations Committee for the LAAM-Methadone Cooperative Study, VA - SAO/DAP, Chairman, 1973-present

Joint Task Force: Special Action Office/Office of Education/National Institute of Mental Health, Chairman, 1973-present

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Holliday, A. R. The hallucinogens: a consideration of semantics and methodology with particular reference to psychological studies. In R. M. Featherstone & A. Simon (eds.), *A pharmacologic approach to the study of the mind*. Springfield, Ill.: Charles C. Thomas, 1959, pp. 259-68 (b).

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Holliday, A. R. Methodology in psychopharmacology. In C. J. Lindley (ed.), *Chemotherapy studies in psychiatry and research approaches to mental illness*. Trans. 5th Res. Conf., Vol. V, VA, Washington, D. C., 1960, pp. 290-94 (c).

Holliday, A. R. Symposium: effects of chemotherapeutic agents on human behavior. In *Cooperative Studies in Psychiatry*, Rept. No. 14, Oct. 1960, Central Neuropsychiatric Research Laboratory, Perry Point, Maryland. Paper read at Amer. Psychol. Assn., Chicago, Sept. 1960 (d).

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Holliday, A. R. The effect of d-lysergic acid morpholide upon pain sensitivity. *Proc. West. Pharmacol. Soc.*, 1966, 9, 57-59 (a).

Holliday, A. R. The effects of d-amphetamine on errors and correct responses of human beings performing a simple intellectual task. *Clin. Pharm. Therap.*, 1966, 7, 312-322 (b).

Holliday, A. R. The problem of a shifting definition of behavioral toxicity. *Exerpta Medica International Congress Series No. 129*, Proceedings of the 5th International Congress of the Collegium Internationale Neuropsychopharmacologicum, 1966, 630-37 (c).

Holliday, A. R. Guidelines for research: Department of Institutions, State of Washington. *Research Report*. Proceedings of the Ninth Annual Research Meeting. State of Washington, Department of Institutions, 1969, *2* (2), (a).

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Holliday, A. R. & Devery, W. J. Effects of drugs on the performance of a task by fatigued subjects. Clin. Pharmacol. Therap., 1962, 3, 5-15.

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Holliday, A. R., & Sigurdson, T. The effects of lysergic acid diethylamide II: Intraocular pressure. Proc. West. Pharmacol. Soc., 1965, 3, 51-54.

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Sharpley, R. F., & Holliday, A. R. The use of ultrasound as a method for assessing changes in sensitivity to pain. *Proc. West. Pharmacol. Soc.*, 1966, 9, 54-56.

Sturges, D., & Holliday, A. R. Statistical report for the Division of Juvenile Rehabilitation: Residential facilities, fiscal years 1968 and 1969. *Research Report*. State of Washington, Department of Institutions, 1969, 2 (9).

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Holliday, A. R. The effect of lysergic acid diethylamide on critical flicker frequency. *ASTIA*, 1959, 5331 (b).

Holliday, A. R. The effect of meprobamate on stuttering. *Fed. Proc.*, 1959, 18, 403 (c).

Holliday, A. R. LSD and intraocular pressure. *ASTIA*, 1960, 56.

Holliday, A. R. An empirical investigation of the personality characteristics and attitudes of the parents of children who stutter. *University of Michigan Press, Dissertation Abstr.*, 1961, Publication No. 22, 172. Ibid.: *Psychology*, 569-570 (a).

Holliday, A. R. Measurement of changes in human behavior under the effects of various drugs. In E. Rothlin (ed.), *Neuro-psychopharmacology*. Amsterdam: Elsevier, 1961, 2, 350 (b).

Holliday, A. R. The effects of d-amphetamine vs. placebo on both errors and correct responses of humans performing a simple intellectual task. *Fed. Proc.*, 1965, 24, 328.

Holliday, A. R., Duffy, M. L., & Dille, J. M. The effects of certain tranquilizers on a stress producing behavioral task. *J. Pharmacol. Exp. Therap.*, 1958, 122, 32A.

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Beisser, A. R., Drury, R. B., Deering, H. C., Friedlander, H. D., & Holliday, A. R. Evaluation of psychiatric efficacy of combination amitriptyline and perphenazine. Calif. Ment. Hlth. Res. Dig., 1964, 2 (2), 32-3.

Tranquilizers, coordination, and efficiency. Lippincott's Med. Sci., 1958, 4, 149.

SCIENTIFIC EXHIBITS

Holliday, A. R. Effect of drugs on human performance under stress. 18th Clinical Convention of the AMA, Miami Beach, Florida, November 29-December 2, 1964; Kentucky Medical Association Annual Meeting, Louisville, Ky., September 21-23, 1965; 18th Annual Postgraduate Seminar of the Illinois Academy of General Practice, Chicago, Illinois, April 13-15, 1966.

SPECIAL PROJECTS

Project Director, Evaluation of Head Start Program in Seattle, Washington, 1965 or 1966.

Project Director, Public Service Careers, State of Washington, 1970-71 (on loan from the Department of Social and Health Services).

Miss Miller. Thank you, Dr. Holliday.

From your experience in looking at the whole range of training centers, do you see a problem of duplication of service in that we have training centers sponsored by NIMH and by OE——

Dr. Holliday. Our report has not come out yet and will not come out for a couple of weeks, but I will send you a copy.

The response to that question which was specifically posed, why we went to look at all the centers, is that no, there is very little duplication of effort. The NIDA situation is really designed to train treatment personnel, and the OE system is so designed to get communities involved in doing something about the problems they have of abuse.

Miss Miller. I think since your statement has been so complete, and the hour is so late, that we will relieve you of the burden of any further questions.

At this point I order printed all statements of those who could not attend and other pertinent material submitted for the record.

[The material referred to follows:]

NATIONAL LEAGUE OF CITIES

UNITED STATES CONFERENCE OF MAYORS

January 21, 1974

The Honorable Harold E. Hughes
Chairman, Subcommittee on Alcoholism and Narcotics
United States Senate
1327 Dirksen Building
Washington, D. C. 20510

Dear Senator Hughes:

We have reviewed Senate bill 2848 which is to extend and improve the Drug Abuse Education Act of 1970 and are pleased that your committee has included in this proposed legislation several provisions that are consistent with the policy of the National League of Cities and U. S. Conference of Mayors. We refer especially to the inclusion of alcohol in the bill, the call for comprehensive demonstration programs, and the recognition that preventive education programs must be community based.

We do not believe that the recent House passed bill, H. R. 9456, provides the flexibility needed to develop community-based programs. The proposed funding priority provisions and the $100,000 grants to go to each State Education Department would lead to emphasis being given to school education programs over community education programs. No one group should be singled out for drug education in the legislation. Rather, funds should be made available through a single grant authority to a variety of agencies and groups to develop the programs which respond to the needs of the community, as proposed in S. 2848.

Our membership has expressed concern that drug abuse education be continued. The fact that some approaches to preventive education have proven ineffective makes it all the more imperative to expend additional funds to formulate and research new methods.

We would welcome the opportunity to assist the committee in any way to develop legislation to further progress in the vitally important field of drug abuse education.

Sincerely yours,

Allen E. Pritchard, Jr.
Executive Vice President
National League of Cities

John Gunther
Executive Director
United States Conference of Mayors

STATE DEPARTMENT OF EDUCATION
JEFFERSON CITY, MISSOURI 65101

ARTHUR L. MALLORY
COMMISSIONER

December 18, 1973

Honorable Stuart Symington
United States Senator
Senate Office Building
Washington, D. C. 20510

Dear Senator Symington:

I am writing to encourage your support for the passage of H.R. 9456 pertaining to the extension of the Drug Abuse Education Act of 1970.

The Drug Abuse Education Act of 1970 funding has made it possible for the Missouri State Department of Education to provide leadership in the development of drug education programs designed to assist our youth in making wise decisions regarding the use and abuse of drugs. Major emphasis has been given to developing instructional learning programs relative to positive self-concepts, interpersonal relations, and alternatives to drug use and abuse. The funds have also been utilized to generate additional support for various drug education efforts.

For each of the three years' funding the numbers of students, teachers, and community representatives directly involved in some type of education program and the amount of funds provided by the Drug Abuse Education Act of 1970 are as follows:

1971-72 $38,750

We were able to provide over sixty county and local level programs involving a minimum of 2,600 teachers and administrators in addition to numerous consultive visits with these funds. We were able to obtain additional support from the Missouri Law Enforcement Assistance Council in the amount of $30,000. As a result of the Law Enforcement grant, we were able to conduct two five-day programs for approximately 300 students, teachers, administrators, and community representatives from forty-two communities.

1972-73 $38,750

The U.S.O.E. funds allowed us to provide fifteen training programs for 1,084 teachers; twenty-two community meetings attended by 785 students, teachers, and community leaders;

Honorable Stuart Symington
Page Two
December 18, 1973

over 100 consultations; and dissemination of drug information--films, pamphlets, etc., provided for approximately 13,000.

1973-74 $38,750

The data from the first quarter of this year reveals the following services provided: three community meetings attended by 165 students, teachers, and community representatives; four training programs for 200 teachers; dissemination of drug information--films, pamphlets, etc., provided for approximately 2,500. In addition to these direct services made possible by funds provided for in the Drug Abuse Education Act of 1970, we were able to receive additional funding from the Missouri Law Enforcement Assistance Council in the amount of $70,000. The Law Enforcement grant is being used to develop teacher training materials and provide fifteen experimental programs involving over 375 teachers.

If drug education funds are extended, a portion of the Missouri allotment would be used to assist in the development and implementation of both pre-service and in-service teacher training programs. Another portion would be used to assist local school districts in developing effective evaluation techniques and planning alternative programs.

I hope this information will be helpful to you, and if we can be of any further assistance, please do not hesitate to contact us.

Sincerely,

Arthur

Commissioner

jsw

WINDSOR JUNIOR-SENIOR HIGH SCHOOL
WINDSOR CENTRAL SCHOOL DISTRICT
WINDSOR, NEW YORK 13865

Telephone: 607-655-1501

DALE D. HAWLEY, Secondary Principal
DONALD J. BRUNSWICK
Secondary Associate Principal
LEONARD KELLO
Junior High Associate Principal

MRS. MARION DOANE, Nurse Teacher
MRS. JOAN EDWARDS, Attendance

[illegible] FEB 13 [illegible]

February 8, 1974

Senator Jacob K. Javits
Committee on Foreign Relations
United States Senate
Washington D.C. 20510

Dear Senator Javits:

Pursuant to your letter of January 18, 1974, I would like to support your Bill S2848 which deals with the poli-drug use and teenagers. I am not so sure that every school principal would be interested in following the Spark Plan of New York City, but I am sure that principals would be more than happy to have their State Education Departments distribute monies to the local districts for Drug Abuse programs.

I appreciate your efforts in the areas of drug abuse and wish you the best of luck in this endeavor. If I may be of further assistance, please feel free to contact me.

Sincerely,

Dale D. Hawley

Dale D. Hawley
Principal

DDH:mh

AUBURN ENLARGED CITY SCHOOL DISTRICT

ADMINISTRATIVE OFFICES
130 SOUTH STREET
AUBURN, N.Y. 13021

Tel. (315) 253-0301

[redacted] FEB 23 1974

February 19, 1974

Senator Jacob K. Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

I have read your bill on Alcohol and Drug Abuse Education Act S2848, and I would like to commend you for this recommendation and say that I fully support this bill.

For year, many of us in Education have said that not enough money was going into preventative Education. Primary prevention is where the schools can be most effective. Working on problems that would tend to relate to later drug problems has been our goal for the past few years in Auburn, and I believe it is the place to put the emphasis and money.

I can see that the large amounts of money going into our rehabilitation programs are not very effective and less money put into the root cause of the drug problem would be much more effective.

I also agree that we should make Alcohol much more important in this bill. In most of our communities (with the exception of the larger cities perhaps) Alcohol is by far the number one drug abused.

I have recently been elected Vice President of Health, in the New York State Health and Physical Education and Recreation Association. If I can do anything to support this bill, or to help in the implementation of this legislation, I would be glad to do anything that would help.

Very truly yours,

Daniel R. Navarro, Coordinator
HEALTH AND DRUG EDUCATION

/d

Board of Cooperative Educational Services

SECOND SUPERVISORY DISTRICT OF WESTCHESTER COUNTY
17 BERKLEY DRIVE
PORT CHESTER, NEW YORK 10573
914 – 937-3820

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DONALD G. EMERY

RECD FEB 25 1974

February 22, 1974

The Honorable Jacob Javits
U. S. Senate
Senate Office Building
Washington, D.C. 20510

Your Honor:

I would like to take this opportunity to express my sincere gratitude for the leadership position you have taken by sponsoring Senate Bill S.2848. Those of us who have been working in the area of health, drug, and alcohol education have become increasingly frustrated with the lack of direction, and misdirection that has emenated from public institutions. Part of the problem I suppose has been our own leadership failings, and part of it has been a lack of sufficient funding to levels that permit the development and evaluation of model programs.

It is reassuring to me to know that you and your colleagues have recognized that the drug problem is more than just treating the chemical affects of drugs on the body, but an intricate weaving of behaviorial problems that create the self abusing patterns of drug involvement. The role of the family, school, peer group, church, and media are acutely potent in either turning youngsters on, or off to drugs. In addition the intricacies of an individual's personality need to be better understood so that we can identify the various qualities within a person that persuades that person to get involved with drugs.

The Honorable Jacob Javits
U. S. Senate
Senate Office Building
Washington, D.C. 20510

I would invite your Honor to explore the operations of various programs in New York State (such as SPARK) that I believe form a nucleus of good programs that lend themselves to developing the kind of approach you have suggested in S.2848. Despite the inordinate burden of the drug traffic that flows into New York State, I believe we have been fortunate in being a little better off than most states in terms of developing preventative measures. I would be most honored if I could suggest such programs to you and to serve as a resource person you can call upon should you need such help.

Once again my sincerest thanks for helping to confront this problem through a logical and well planned approach.

Respectfully,

Robert L. Davis

Robert L. Davis
Coordinator
Drug and Health Education
and Services

RLD:rfd
cc: Dr. John Sinecore

NEAR EAST SIDE COMMUNITY ORGANIZATION, INC.
958 North Beville Avenue
Indianapolis, indiana 46201
(317) 635-3837

Don Roner, Acting Director

OFFICERS

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President

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Nellie Killebrew
Rev. Rowena Applegate

Vice-Presidents

Charles Kirkbride
Treasurer

Robert Adair
Secretary

February 28, 1974

Committee on Labor and
Public Education
United States Capitol Building
Washington, D. C.

Dear Sir:

This letter is in support of Bill S 2848 entitled "Alcohol and Drug Abuse Education Act Amendments of 1974". As a staff person of the Near East Side Community Organization, I am involved in the attempt to coordinate agencies and services with community involvement in the attempt to better aid and equip this community to deal with problems and situations with which it finds itself confronted. The incidence of alcohol and its resulting problems involving the family and total community has long been determinded as a major problem.

This bill, if affectively administered, would aid communities to deal with their addiction problem, much as the individual alcoholic or drug abuser learns to deal with his personal addiction. The decision to start rests with the particular addict or community; but efforts of support, education and program need the guiding hand of some expertice. This will hopefully better deal with the role of the experts - forcing more direct contact of such persons with the people and community struggling with the problem.

Sincerely,

Ron Bettag

Ron Bettag

RB:bb

FEB 5 [illegible]

Reese Road School
Reese Road
Frankfort, New York 13340
January 31, 1974

Senator Jacob Javits (N.Y.)
United States Senate
Commitee on Foreign Relations
Washington D.C. 20510

Dear Mr. Javits,

Since drugs are all around us we decided to study the use and misuse of drugs. We started by talking of the history of drugs.

We then discussed the different groups and their effects, uses, symptoms. We had many A-V-aids that explain the dangers of these drugs.

We then tried to bring a part of our knowledge to the rest of our school by: making posters on drugs and drug abuse. We put them up in the school halls so other students would see them and learn from them. We also invited a speaker who is a coordinator of drugs in the Herkimer area. He is also a sergeant in the police force in that area.

We decided to invite the other 6th grade students so they could learn from his discussion of drugs. He had actual drugs samples. We were able to see the different drugs that were misused and their effects they can have on people.

Now we know how drugs can harm us bothe physically and mentally. We are hoping that our friends will be likely to try this just for kicks.

Our teacher told us a little bit about your bill that will be introduced in the Senate and we hope that it can be passed so that more people will be able to know the dangers and values of drugs and that more drugs abusers can be helped in different communitees

We hope to hear from you and we would like to know if your bill is passed.

Very truly yours,
Sixth grade students
of Mrs. Matteson's class

P.S. We wish you good luck in the future.

1006 Dartmouth Lane
Woodmere, N.Y. 11598
2/6/74

REC'D FEB 11 1974

United States Senate
Committee on Foreign Relations
Washington, D.C. 20510

Dear Senator Javits:

As the nurse-teacher in an elementary school in Nassau County, I have been directly involved in planning and executing the Health Education program in my school.

In my 30 years of experience in Public Health, my thrust has been "prevention."

I would like to congratulate you for introducing the "Alcohol and Drug Abuse Education Act Amendment of 1974 (S. 2848)." If I am able to be of any assistance, please feel free to call upon my services.

Sincerely,
Hilda Rosenfeld

CITY SCHOOL D HE CITY OF ONEIDA
O 3421

Dr. Edward T. Green
Superintendent of Schools

George R. Krahl
Assistant Superintendent of Schools

Administrative Offices
Telephones 363-5800 363-2550
P. O. Box 327

RECD JAN 30 197

January 25, 1974

The Honorable Jacob K. Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

I appreciate this opportunity to respond to your letter and excerpt from the Congressional Record dealing with the "Alcoholism and Drug Abuse Education Act". There is much validity in your premise that alcohol is a drug and should be specifically included in legislation dealing with the problem. I also believe in the validity of your premise that drug abuse is a symptom rather than the problem itself. A great many of our social problems, such as drug abuse, alcoholism, suicide, much mental illness, and alienation, could be termed "people problems". These outward manifestations of problems have at their roots the inability of people to cope with life as they find it. As you pointed out, the solution lies in working with the causes of these problems, and not attempting to work with the problems themselves. "People problems", however, do not begin in junior and senior school age children, they are simply, most often, manifest for the first time at this point.

To be effective, a program to deal with "people problems" must begin as early in a child's life as possible. For us in public school education, this means the early elementary grades. I believe a long-range solution to problems such as alcoholism and drug abuse must lie in the development of a program which gives children the understanding and skills to cope with themselves and the experiences which they meet as a part of living. I am disappointed that your bill does not include specific provisions for the development of such elementary level programs.

I would appreciate your considering the inclusion of provisions in the bill to support the development of preventative programs at a point where they would be most effective in the earlier years of a child's life.

Should the day come when there is interest in developing programs of this nature at this level, I would like to offer the services of our school district. We have a number of staff members with both the philosophy and skill to work with pupils in this area. I believe we have something to offer towards the solution of this very serious problem.

Sincerely,

George R. Krahl
George R. Krahl
Assistant Superintendent

GRK:mlm
cc: Dr. Edward T. Green, Superintendent of Schools
Mr. William K. Fariel, Director of Health and Physical Education

CENTRAL ISLIP PUBLIC SCHOOLS

JOHN J. LEITCH, JR.
SUPERINTENDENT
WALTER L. MIREY
ASSISTANT SUPERINTENDENT

Central Islip, New York

R. G. Reed School

J. M. GENTILCORE
PRINCIPAL
W. H. BURGER
ASSISTANT PRINCIPAL

[redacted] FEB 15 1974

February 12, 1974

Honorable Jacob K. Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

I am in receipt of your letter enclosing your recently introduced bill entitled "Alcoholism and Drug Abuse Education Act" (S.2848).

Mr. Blinderman, one of our fifth grade teachers, and I have discussed your proposal at length. We have enclosed our reaction to your proposed bill in the hope that our input will be of some help to you.

Thank you for giving us the opportunity to submit our comments and suggestions in this all important social illness.

Sincerely,

JM Gentilcore

J. M. Gentilcore
Principal

JMG:ms

Enclosure

CENTRAL ISLIP PUBLIC SCHOOLS

JOHN J. LEITCH, JR.
SUPERINTENDENT
WALTER L. MIREY
ASSISTANT SUPERINTENDENT

R. G. Reed School
J. M. GENTILCORE
PRINCIPAL
W. H. BURGER
ASSISTANT PRINCIPAL

Central Islip, New York

February 12, 1974

Honorable Jacob K. Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

I have been a registered pharmacist since 1950 and a fifth grade teacher in Central Islip, New York since 1960. My experience as a pharmacist, along with my concern for the sound physical and mental development of children, have deepened my interest in the inter-relationship education and society must foster to promote physical and mental health.

I have recently completed a sabbatical devoted to the study of the causes and effects of drug addiction. My studies have convinced me that most of the drug abuse programs to date have skimmed the surface of deeply rooted problems. While your proposed Alcohol and Drug Education Act (S2849) is a step in the right direction, it offers too little, too late. Drug abuse training programs, drug abuse materials, drug abuse counseling are palliatives; they do not strike at the core of the illness which permeates society. The focus of any worthwhile program must be on the early recognition of deviant development and prompt, positive intervention.

Learning to cope with the stresses of life is a complex job. Alcohol and drug abuse, compulsive gambling, sexual hang ups, robbery, rape, murder, and indicative of a society that is learning slowly, very slowly. We must build up, within our young, a strong sense of the inherent value and beauty of each human being. Positive self image, that much abused concept, is vital to the healthy growth of our children. How can the schools, the community and government help? By concentrating money and time and interest in:

1. Full psychological and guidance services starting with kindergarten.

2. A team approach where parents, teachers, administrators, psychological and guidance personnel cooperate with, and utilize fully, local mental health centers to benefit any child needing help.

3. Educational programs stressing ethical values in school and community. No mental health program can succeed without maximum cooperation from the community.

4. Revision of the health curriculum with a strong emphasis on a comprehensive health education program starting in the primary grades. This should involve personal, family, and community mental health.

Thank you for your continued efforts to achieve humanitarian goals for our state, nation and world.

Sincerely yours,

Martin Blinderman

Martin Blinderman

MB:ms

HAUPPAUGE PUBLIC SCHOOLS

HAUPPAUGE SENIOR HIGH SCHOOL 265-3630 HAUPPAUGE, NEW YORK 11787

WILLIAM J. DeGENNARO
SUPERINTENDENT
RICHARD N. SUPRINA
PRINCIPAL
ANTHONY A. CORRADO
ASSISTANT PRINCIPAL
ROBERT C. DALLOW
ASSISTANT PRINCIPAL
LEONARD LEVINE
ADMINISTRATIVE ASSISTANT

FEB 1 974

February 8, 1974

Senator Jacob K. Javits
United States Senate
Committee on Foreign Relations
Washington, D. C. 20510

Dear Sir:

The administration in this school heartily endorse your proposal "Alcoholism and Drug Abuse Education Act" (Senate #2848).

We believe it is essential that the act, or one similar to it be passed and signed into law during this session of the Congress. We are all concerned with the safety and well-being of young people throughout the country.

We commend you for your efforts and offer our assistance in educating our youth to the problems inherent in alcohol and drugs.

Very truly yours,

Richard N. Suprina

RNS/hc

Richard N. Suprina
Principal

Sobriety Unltd.

266 WEST 135TH STREET HARLEM, N.Y. 10030
Tel. No. 368-8807 - 8

ELLIOTTE E. GREENE
President

AMELIA D. DANIEL
Program Director

February 16, 1974

The Honorable Jacob Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

We at Sobriety Unltd., are more than encouraged by the legislation put forth by your (S-2848) to extend the Drug Abuse Education Act and ammend it to become the Drug and Alcohol Abuse Education Act.

As a community based alcoholism program, without hospital affiliation, we are attempting to bring alcoholism prevention into the Harlem community so that "alcoholism wise" will be the in thing.

Our program is currently going into the community schools with outreach education. If the legislation is approved we will have the advantage of applying for a grant to extend this program directed at prevention.

Sincere thanks.

Very truly yours,

Amelia D. Daniel (Mrs.)

February 12, 1974

[redacted] FEB15 [redacted]

United States Senate
Committee on Foreign Relations
Washington, D.C. 20510

Dear Senator Javitz

In response to your letter to my school principal, Mr. Sam Gang, and with regard to your Alcohol and Drug Abuse Education Act, I would like to take advantage of your request to express some comments. I agree that heroin abuse through such well conducted programs as methedone maintenance should be continued even if only for the reason that it is reasonably successful when properly administered. It could be extremely discouraging to compare it with what happened to our Venereal Disease program some years ago...when a disease control program reaches the point of near eradication, it is usually the program that is eradicated, not the disease. Today, as I am sure you are aware, Venereal Disease is again epidemic. I do believe that the "heroin problem" is exaggerated...certainly when compared to our alcoholism problem...or mental illness. However, it is a blight on our society, and should be dealt with. What you call "poly-drug " abuse is another problem, and is evident in our Junior and Senior High schools. Even if only from a matter of priority I feel this situation should be approached at the source. Your bill insinuates "to make grants and contracts" with institutes of higher learning, and I'm inclined to disagree. "Prevention" implies a stopping from happening by some interposition, and this can best be done early...at the institutes of lower learning. There are a multiplicity of causes for drug abuse, and I'll agree there probably are a multiplicity of approaches to halt them. My belief is that the primary road to success lies primarily with certified Health teachers in the junior and senior high schools. I do not mean Biology or

Science or Physical Education teachers, most of whom are not trained to cope with the problem. I believe that "education" does work, but by the same token the schools are not a panacea for everything. The community is generally apathetic, and I speak from personal experience. I've arranged community education programs with the guest speakers of the highest quality...Dr. Cedric Smith and Dr. Block, etc., and yet the response is pathetic. Being basically concerned with young people, my students, I have come to the deserved conclusion that they respond with vigor and intelligence. Therefore I feel that your concentration should lie with this group of people. Of course total process of interaction is useful, but the guidance should be through concerned youth. They can be more of an influence over their parents and their community than vice versa. Schools fostering bona fide Health Education programs should receive the highest priorities both financially and otherwise, and on a local level. I also think that the causes of abuse are but equally as critical as the symptoms, and you cannot desert one to concentrate on the other. The entire picture should be exposed... rather than half. The school team approach is fine, utilising Health teachers, Psychology teachers, Biology teachers...each attacking their own specialty, with one ultimate goal. The average teacher is probably quite naive when it comes to drugs, and could not distinguish a "joint" from a Lucky Strike cigarette. Ergo the specialists you talk about. If you refer to "support materials" as an aid in prevention, then you are talking money, and there is now a severe lack of funds due to austerity programs. These funds, if they ever become available, should first be allocated to the "lower levels of education". Even if given directly to these schools that fall within certain qualifications...certified Health teachers, and carefully scrutinised Health programs. I again must disagree with the "former drug and alcohol abuser" approach. I find they are good to a point, but usually they are using oral therapy to help themselves, and create student sympathy for their former problems. They are ordinarily not too well oriented in either alcohol or drugs, although their former experiences I suppose qualifies them to approach the subject from "the streets". Their communication is limited, their impressions negative, and often pitiful. You may be creating the impression within yourself that perhaps I am not utilising these people intelligently, and you may be right, although I am inclined to think otherwise. They compose a "fair" educational tool, but nowhere do they approach the "professional" adjunct. I now refer to guest speakers with quality, such as Dr, Cedric Smith on either Alcoholism or Drug Abuse, or Dr. Marvin Block on Alcoholism. There are others in a University city such as Buffalo, and some are available. They are generally respected by my students, and fortify what is taught in the classrooms. I do not understand what is meant by "technical" assistance to local schools, but if it is a question of visual and audio aids...fine. The present tools for learning are rather on the pathetic side, and I refer to films, film strips, tapes, slides, etc. They are generally not timely, very poorly orchestrated, and appeal to an infantile mind. I generally teach Juniors and Seniors, and their intelligence is underrated, and frequently insulted with what they are exposed to from an audio-visual aspect. We need a better approach here. Perhaps a National Lecturers Bureau can be established in order to obtain speakers of a genuine quality? Inservice training such as the New York State Summer Institute on Alcohol Problems should be encouraged. They should be given every summer...short courses consisting of perhaps ten days, and eight hour days on subjects mandated in our Health curriculum...and not Alcoholism every year...well planned and well conceived, and restricted to those basically involved with health. Community education is fine if someone can conceive of a method to inspire the community to participate. I'm sure it can be done, despite my deplorable failure to have an attendance of more than fifty people with help from our PTA, our students, and our staff. Some of the "causes" of drug abuse may very well lie with this apathy. Again, the purpose of this letter is not to bore you, but rather to possibly be of some assistance in helping to eradicate the problem. There has been a great deal of money spent in programs that have been abandoned, and a good deal of time wasted on programs with little or no accountability. I feel very strongly that the priorities lie with the local schools, working with the students, and portraying more confidence in our students, and giving them a share of these responsibilities. I believe they will respond if given the opportunity.

Respectfully yours,

Leo Meyer

Leo Meyer

Williamsville North H.S.
1595 Hopkins Road
Williamsville, NY 14221

SOUTH Dakota
department of education and cultural affairs
Division of Elementary and Secondary Education
State Capitol Building, Pierre, South Dakota 57501

[illegible] FEB 16 19[illegible]

February 6, 1974

The Honorable Jacob K. Javits
The United States Senate
Washington, D. C. 20510

Dear Senator Javits:

Thank you for your thoughtful and informative reply to my letter of December 10, 1973 regarding support of drug education. Your letter gives me positive feedback regarding the extent to which elected officials such as you attempt to involve persons in the hinterland in the complex task of decision-making for the common good.

I am particularly pleased that the Senate bill 2848 carries the title: "Alcohol and Drug Abuse Education Act Amendments of 1974." Our greatest drug problem is the abuse of alcohol. It has become so easy to overlook this when referring to drug education. To use a term from the drug scene, we have tended to develop a "tolerance" reaction to the misuse and abuse of the domesticated alcoholic beverages.

In general I applaud the tone, content and provisions of S 2848. However, I would like to see one of the provisos of HR9456 incorporated in your bill.

You state that you are concerned that "drug abuse education has been professionally, politically and economically exploited and could be more so by the $100,000 grants to each State." In answer to this I think that you should know that I think this statement does not correspond with the facts as we perceive them. The amounts given to South Dakota during the past several years have been very meager, $23,200 per year, to be exact. With this small sum there has been little possibility for the kind of abuse of funding to which you refer. We have been carefully monitored periodically by the U.S.O.E. in the use of the funds and have been held accountable for the program proposals we have submitted. We have a highly competent Drug

Education Advisory Committee of twenty members representing school counselors, teachers, and administrators from K through 12 institutions as well as persons involved in public and private higher education institutions. We have a ten member youth advisory committee from various high schools. Our Coordinator of Drug Education is Dr. Orville M. Hepler who has a background as a public school educator and as a clergyman who served as the Executive Director of the South Dakota Council of Churches from 1958 through 1971. The very limited funding to date has caused our efforts to be very low key compared to what the alcohol and drug abuse problem warrants.

If S 2848 becomes the law, we would be very hard pressed to maintain our modest service in drug education to help schools and communities in South Dakota since our Legislature has not ear-marked any funds for drug education. I can assure you that if our state does receive the $100,000 as indicated in HR 9456, we will make certain that every dollar is spent to up-grade drug education programing throughout the state of South Dakota.

Warm wishes,

Don Barnhart

Don Barnhart
Superintendent of Public Instruction

MIDDLE COUNTRY
CENTRAL SCHOOL DISTRICT NO. 11
CENTEREACH, NEW YORK 11720 516-588-1100

IRWIN SADETSKY, Principal
Stagecoach Road School

RECD FEB 14 1974

February 11, 1974

The Honorable Jacob K. Javits,
The United States Senate,
Washington, D.C. 20510

My dear Senator:

After reviewing your bill, "Alcoholism and Drug Abuse Education Act (S.2848)" I see a basic fallacy in the bill.

The fallacy is that of rehabilitation; I refer to SPARK.

Rehabilitation means that a child had to be in the milieu and habilitated, who is to say that this is so.

Your habilitation process takes place on the elementary school level where we deal on the affective as well as the cognitive levels. It is true that the traditional cognitive education does not work too well alone. It seems to me, within the scope of my experience, that the affective levels are to be utilized in the elementary schools.

This can be done through grants given directly to schools not school districts nor State Education Departments. The reason for this is that money is sometimes never filtered down through the establishment agencies to the school's day by day professional people in the "trenches."

Why use intervention programs on the Junior High and Senior High level? Use prevention programs! I would suggest a refocusing of monies and philosophy to the children aged 5-12 and their parents with the following staff personnel.

1. Full time Guidance Counselor or Mental Health Workers trained in affective counselling per 250 children in the elementary school.
    a. Classroom teachers will be trained to spot possible users because of the children's emotional stability and need gratification system. Therefore one (1) Guidance Counselor per 800 may be used.

continued........

2. Monies available for material and media at $1.00 a child per school.
3. Evaluation teams from the State Departments or HEW - Office of Education working with the local schools to evaluate.

Thank you for giving me the opportunity to speak on your bill.

With best wishes,

Respectfully yours,

Irwin Sadetsky, Principal,
Stagecoach Elementary School,
Selden, New York

IS:gat

COMMACK PUBLIC SCHOOLS
COMMACK, NEW YORK 11725

(Area Code 516)
[illegible]
IVANHOE 5-[illegible]

SAMUEL J. GULINO
Principal

GREEN FIELDS SCHOOL
[illegible] Hauppauge Road

JAN 30 1974

January 24, 1974

Honorable Senator Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

Your bill, "Alcoholism and Drug Abuse Education Act" (S.2848), is certainly a step in the right direction.

The statistical data yeilded by the SPARK program offers hope and on this basis alone I would support your bill.

Any suggestions I have relate not to the specifics of your bill or any other law but rather to the general attitudes of children and teen-agers.

Watergate and all the corruption related to it has demoralized young people, I believe, to a greater degree than any other segment of our society. And the inability or unwillingness of Congress to confront and dispose of this problem is only the latest in a long series of bad examples.

Although drug abuse of any kind is the poorest possible solution to any problem, we (adults) should recognize that our own "cop-outs" give kids the rationalizations they seek to justify their misbehavior.

Of course, it would be foolish to contend that Watergate, alone, is the cause of drug and alcohol abuse. But, if Watergate turns out to be (in the eyes of youngsters) the final and convincing proof that the adults of America are not capable of high moral standards; if Congress and the people display an indifference to blatant corruption, then how are we to be successful in any effort to lead children down the right path?

(continued)

I agree with you, Senator, that a lot of kids are mixed up and we should not relax our efforts to help them no matter what the cause. However, when we search for the causes of mis-directed children we always, inevitably, come to the examples they are given to follow. If you could include some statement to this effect in the preamble to your bill I believe it would more effectively convey the sincerity and understanding we expect from our legislators.

Thank you for inviting comments and suggestions from principals.

Sincerely,

Samuel J. Gulino
Principal

COMMACK PUBLIC SCHOOLS
COMMACK, NEW YORK 11725

COMMACK HIGH SCHOOL NORTH
Scholar Lane
WALTER J. BOERI
Principal
MARY J. MOY
Assistant Principal
LAWRENCE A. PHILLIPS
Administrative Assistant

(Area Code 516)
[illegible]
IVANHOE [illegible]

GUIDANCE COUNSELORS
FRANK CUTOIA, Director
PAULA GEWIRTZ
CELIA M. HARRISON
EDWIN V. ROGO
JOHN YACOS

February 8, 1974

[illegible] FEB 14 1974

The Honorable Jacob K. Javits
United States Senate
Washington, D. C. 20510

Sir:

This is in reply to your letter of January 18, 1974, indicating that you would like to have my reaction to your recently introduced "Alcoholism and Drug Abuse Education Act (S. 2848)."

At the outset, let me commend you for your efforts in an extremely important area. It is obvious that a great deal of money has been spent without any real investigation as to the success or failure of the program. For whatever it is worth, let me indicate that we have a very small program of peer leadership counseling somewhat similar to the SPARK Program and, in our small situation, we find it as an effective tool -- but certainly not a solution. However, I would endorse any bill that would broaden the concept of peer counseling.

Let me conclude with a simple statement that such counseling requires a great deal of insight and training of the instructors in the program.

I do not know if the aforementioned is of any value to you but, again, thank you for your concern.

Very truly yours,

COMMACK HIGH SCHOOL NORTH

Walter Boeri

Walter J. Boeri
Principal

WJB:DBD

East Meadow Public Schools

OFFICE OF THE SUPERINTENDENT OF SCHOOLS
EAST MEADOW HIGH SCHOOL
CARMAN AVENUE
EAST MEADOW, L. I., NEW YORK 11554
516-485-7000

MARTIN T. WALSH
SUPERINTENDENT OF SCHOOLS

GUSTAVE RAITZ
ASSISTANT SUPERINTENDENT FOR PUPIL PERSONNEL SERVICES

FRANK ZIMNOCH
ASSISTANT SUPERINTENDENT FOR CURRICULUM

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ADMINISTRATIVE ASSISTANT FOR CERTIFICATED PERSONNEL

FREDERICK J. RICKER
ADMINISTRATIVE ASSISTANT FOR BUSINESS

SIDNEY L. TEITELBAUM
ADMINISTRATIVE ASSISTANT FOR
SPECIAL PROJECTS AND INFORMATION

February 7, 1974

RECEIVED [illegible] 12 19[illegible]

Hon. Jacob K. Javits
United States Senate
Washington, D. C. 20510

Sir:

We of the East Meadow Union Free School District applaud the Alcoholism and Drug Abuse Education Act (S.2848) which you introduced. Its intention to "assure early intervention and primary prevention activities" are long-range in view and will go a long way to help our youth find alternatives to drug abuse.

We are desirous of supporting your bill and would be appreciative of receiving any ensuing legislation.

Sincerely,

Sidney L. Teitelbaum
Administrative Assistant

SLT:ms

ISLIP TERRACE JUNIOR HIGH SCHOOL

REDMEN STREET
ISLIP TERRACE, LONG ISLAND, NEW YORK 11752

LEE W. PHILLIPS, *Principal*

PHILIP L. SCHNALL, *Assistant Principal*
ROBERT WATAHOVICH, *Dean of Students*

AREA CODE 516
JUNIPER 1-1564

RCD FEB 11 1974

February 6, 1974

The Honorable Jacob K. Javits
United States Senate
Committee on Foreign Relations
Washington, D.C. 20510

Dear Senator Javits:

I want to compliment you on the bill which you recently introduced, "Alcoholism and Drug Abuse Education Act (S. 2848)". After receiving your communication I did in fact hold a meeting with certain members of our teaching staff and consulted with our Director of Physical Education and Health Education. In our opinion it is a good bill because it focuses attention on the direct causes of drug abuse and its effects on human behavior.

I am certain that you have become aware of the fact that training of specialized personnel completely conversant and articulate with the problems of illicit drug use is so important to the success of any program that would be developed to alleviate different cancerus social diseases.

We would urge you, however, to take a further step to urge or even require teacher training institutions to provide required courses dealing with behavioral modification and communication as it relates to drug and alcohol abuse. This would assure public schools that young prospective teachers entering the ranks of our profession and who will be charged with the responsibility of educating young people to the perils of illicit drug use would be competent and qualified to conduct mini-courses, educational panels and be completely familiar with teaching techniques in this specific area in order to assure some degree of success.

Thank you for giving us this opportunity to communicate our suggestions to you as it relates to this proposed legislation.

Sincerely yours,

Lee W Phillips

Lee W. Phillips
Principal

mk

BOARD OF EDUCATION OF THE CITY OF NEW YORK

P.S. 15 — SCHOOL
Brooklyn 11231 — BOROUGH ZONE
71 Sullivan Street — ADDRESS
625 2740 — TELEPHONE

OFFICE OF THE PRINCIPAL

RECD FEB 8 1974

February 5, 1974

Honorable Jacob Javits
United States Senate
Washington D.C. 20510

Dear Senator Javits:

I have received the copy of "Congressional Record", December 21, 1973, which you sent me along with your letter of January 18, 1974.

Your most comprehensive bill, (S.2848) does address itself to a real need.

My reactions to the bill follow:

1. I believe the SPARK program is effective because of trained professional personnel and professional supervision of the program. Directing funds toward this type of program is sound.
2. The bill makes reference to community-based programs of various types. We have many such programs in New York City now, and I question their value.
3. Reaching children on the High School level is fine, however, many drug and alcohol abusers never get to High School. I would venture that most drop out somewhere in Junior High School.

   Most Drug prevention programs in schools are aimed at the Junior High and Senior High pupils, and justifiably so. However, I do believe that more should be done on the Elementary level. For a truly Preventive program we must get to the children before the fact, and for this reason I recommend more, much more, be done in the Elementary school grades.

(Continued on next page)

BOARD OF EDUCATION OF THE CITY OF NEW YORK

P.S. 15 Brooklyn 11231 71 Sullivan Street 625 7740
SCHOOL BOROUGH ZONE ADDRESS TELEPHONE

OFFICE OF THE PRINCIPAL

February 5, 1974

Community School District 15 in Brooklyn, (I am an Elementary School Principal in this district) has a Narcotic Education and Prevention Program which, I believe, can be effective. Its impact on the Elementary level is quite limited due to lack of funds for personnel.

My twenty-four years of experience has been with the New York City Board of Education on the Junior High and Elementary levels.

If our aim is to modify behavior and change existing patterns and attitudes toward alcohol and drugs, we had better do it in the most formative years.

I therefore, make a plea that sound programs, (such as in District 15, Brooklyn) be expanded (funded) to reach every child on the Elementary School level.

Yours truly,

George C. Morfesi

George C. Morfesi
Principal

GCM:fg

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
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TELEPHONE: AREA CODE 315 736-0831

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JOHN C. SCHOLL, CLERK

February 6, 1974

[illegible]

Honorable Jacob Javits U.S.C.
United States Senate
Washington, D.C. 20510

My dear Mr. Javits:

I have read with interest your sponsored "Alcoholism and Drug Abuse Education Act (S2848)". It is well done and offers some very viable programs, especially in relation to inservice education for teachers. We have been working diligently for some three years from funds sponsored by the Federal goverment for programs in Health and Drug Education. We believe very strongly that drug abuse, veneral disease, illegitimacy, smoking and alcoholism are only symptoms of a basic underlying disease; "AN UNHAPPY PERSON". Our task, then, becomes one of finding the source of this unhappiness and filling the void created by it. Our teachers are no longer "in loco parentis", as you are most certainly aware from your New York City exposure, Mr. Javits, they are now, in many cases, surrogate parents.

We wholeheartedly support your efforts with S2848 and, as teachers and professional health educators, pledge to account to the public our role in promoting mentally happy, self-actualized students.

I have enclosed in this letter an offering of programs we make available to schools in our three county multi-BOCES area; also a pictorial review of one of our programs together with a copy of the article "Praise" from the May 1973 Rotarian magazine.

With every good wish,

Joseph E. Riley

Joseph E. Riley
Coordinator
Health and Drug Education

cc: Honorable Donald Mitchell M.C. (R-N.Y.)
Mr. F. Wright Johnson

Enclosures:
Brochure
DUSO Sheet
Copy"Praise"

PRAISE is a

The self-image each of us carries is fragile and easily shattered. Criticism and blame dent it

AVE YOU ever had a friend turn his hostility on you unexpectedly? Such ready hostility, or often imagined slights, is an age-old problem in human relations. Educators and psychologists tell us that much of it can be prevented or assuaged by massive doses of praise.

Is this need for praise a weakness? No, according to philosopher William James: "The deepest principle in human nature is the craving to be appreciated."

Look at me. Notice me. Tell me you like me, that you approve of me. We all feel this hunger for acceptance, recognition, and praise. A psychiatrist explains that a compliment is a booster shot for the ego, often crippled by contact with a disinterested world. We're all subject to feelings of inferiority and guilt. We need reassurances to keep us going. By exchanging kind remarks we buoy each other up, in a sort of "Admirations Anonymous."

"What wisdom is greater than kindness?" asked Rousseau. A smile, a word of sympathy, a handclasp will accomplish wonders. It is like syndicating sunshine.

What was the best compliment *you* ever received? Did it keep you "warm for three winters" as the wise old proverb says?

My most treasured compliment was from my own husband. I had commented one day on what an understanding mate a famous lady columnist must have to countenance her writing a daily column and traveling the lecture circuit. Patting me on the shoulder, my husband soothed: "He doesn't need her as much as I need you." Melting words! Like psychologist Alfred Adler, my husband recognized our human need to know that we are important.

Recently this letter appeared on the editor's page in a women's magazine:

"This morning when my husband left for work, I walked to the door with him. When I said goodbye, I called him handsome. He grinned and answered that he was just thinking what a pretty wife he had. This may not seem unusual except that we have 11 grandchildren. The so-called little things are just as heart-warming in the winter as in the spring of our lives."

Someone has said that a pat on the back, though only a few vertebrae removed from a kick in the pants, is miles ahead in producing results. This especially applies in the raising of children, says Dr. John Gilmore, a clinical psychologist. He emphasizes that many underachievers live in a confused environment of constant criticism. "The building of self-confidence must start in the home," he asserts. "Parents should take a lesson from animal trainers, who reward every little improvement."

Robert Hill, a court psychologist, states that a pat on the back for a job well done is a rare experience for those youngsters who appear in Juvenile Court. Their parents are quick to note misbehavior but fail to recognize it when the child merits reward.

A recent study reveals that children of low I.Q. who have love, care, and praise lavished on them make fantastic gains and many raise their scores to above normal. On the other hand, seemingly normal children, deprived of such attention, often drop in ability.

Studies show that the best cure for the classroom "dunce" is praise; that potential drop-outs become good students after massive doses of recognition. A report made on 110 Chicago children who were one to three years behind in their school work revealed that when teachers doubled their praise for any correct answer or even for an attempt, progress was amazing, and attitudes toward teachers improved considerably.

A "Teacher of the Year," Mrs. Mona Dayton, has a motto: "Never let a child's day go by without some bit of success; always find something to praise." And because she gives praise, she gets praise in return. One little girl wrote this poem to her:

LOVE

Fairies are all around you
Singing
Ringing bells
Singing how great you are
Fairies love you . . .

If parents, instead of administering erosive criticism, would only realize the importance for the child's ego and his future success of strong doses of praise! Bernard Baruch, in his autobiography, tells how his mother sent him out every day with the feeling that he was a V.I.P.

This approach, obviously, applies not only to children, but to all of us. Dale Carnegie made it a point always to find something that he could sincerely compliment a person on. But he knew that we all want earned praise—not flattery.

My ne[illegible], a private tutor, tells how two incidents of praise affected her:

"It had been a busy weekend. The house was a mess.

HUNGER

and dull it. Kind words make it shine.

by Rita Duskin

I felt low and inadequate, thinking only of my faults. Then, Mrs. Wilson called. At first I thought it was to cancel the lesson. But she called to praise me, and, *Boy, that really lifted my morale.* She went on enthusiastically, telling me how Robert was enjoying my teaching, and felt he was really learning. That praise was iron for my blood, and vitamins for my soul.

"Another day, when I was tutoring a little girl in the den, her mother waited in the living room. As I came out and discussed her daughter's problems, she suddenly exclaimed: 'Your little home is so beautiful—the atmosphere here . . . the relationship between you and your husband—you don't find these things anymore. You have something that is really an inspiration.' Believe me, I ate and drank those precious words—and after she left, I who had been seeing only the worn rug and the soiled couch suddenly realized: It *is* beautiful!"

Can you imagine how another neighbor glowed when a musician friend told her: "You are a Beethoven among mothers."

My teacher husband, too, received many gifts from his pupils through the years, the most wonderful a hand-carved wooden plaque with the words: "To a Great Teacher from your Guinea Pigs."

Mark Twain used to say he could live on a compliment for a week. Even the indefatigable Eleanor Roosevelt needed and appreciated a boost. In her book, *On My Own*, she tells of coming home late one evening from a United Nations session in London:

"I was very tired, and as I walked wearily up the stairs at the hotel, I heard two voices behind me. Turning, I saw U. S. Senator Vandenberg and Secretary of State Dulles. One of them said: 'Mrs. Roosevelt, we must tell you we did all we could to keep you off the United States delegation. But now that you are leaving, we feel we must acknowledge we found you good to work with. And we will be happy to do so again.' I didn't think anything could have made the weariness drop from my shoulders as did those words."

"Our praises are our wages," wrote the wise Shakespeare.

This is borne out by polls among working people who put recognition for work well done above high wages. As one of my friends expressed it: "I can work for $5,000 with appreciation—but I cannot work for $10,000 without it."

Just recently an educator gave a talk to a Rotary group stressing the futility of criticism and the efficacy of praise. He quoted industrialist and human relations expert Charles Schwab, who had been paid a million dollars a year by Andrew Carnegie, for his ability to arouse enthusiasm among workers. Said Mr. Schwab: "Nothing kills a man's ambition as much as criticism. I believe in giving a man incentive to work, so I am anxious to praise and loath to find fault. If I like anything, I am hearty in my approbation and lavish in my praise."

Psychologist Carl T. Clarke reiterates the idea: "We fail to appreciate the creative power we possess to make others feel good, with praise."

How true that insight is, I thought one day when a friend who had gone through a great deal of heartache, with a seriously ill husband and an only daughter far distant, was told by a nurse that she looked younger than her age. At first unbelievingly, and then wonderingly, she kept repeating the compliment over and over again. One could almost see proof of the psychological effects. Her dull eyes shone, her down lines moved up, her step became lighter. The magic manna of the words remained with her, and amazingly enough, improved her appearance, as love does.

The full and remarkable value of praise therapy for children and adults has not yet begun to be utilized. Educators tell us that we cannot afford to ignore its potency to counteract hostility and violence; that we must, for the good of society and ourselves, satisfy everyone's basic hunger for praise.

I saw a charming illustration on the wall of a restaurant recently. It was a framed motto with these words:

"I sing in the kitchen
When there is someone
To praise my cooking."

The great humanitarian, Albert Schweitzer, summed it up: "Each of us must become a spring at which men can quench their consuming thirst for appreciation." ◆

Rita Duskin has spent much of her life around young people—as a teacher, counselor, club leader, private tutor. A native Chicagoan now residing in Hollandale, Florida, she has been a writer since girlhood. Her first book of poetry, *The Frugal Chariot*, was published in 1970.

Community Education Project Sponsors Health Programs

During the past week, the Community Education Project has sponsored three half-day programs in preventive health education for elementary students and teachers. Each of the district's elementary schools, Stittville, Holland Patent, and Barneveld, were involved.

Mr. Robert Johnson, Project Director, handled arrangements which included an introductory meeting with teachers and principals, demonstration lessons using new health materials, and a follow-up meeting with each building staff to critique techniques, materials, possible applications to present curriculum, etc.

The program involved three health education consultants from the Board of Cooperative Educational Services (BOCES) Yorkville, New York. In total, four full days of consultant time was involved and nineteen classes in grades 1–6 were involved with demonstration lessons.

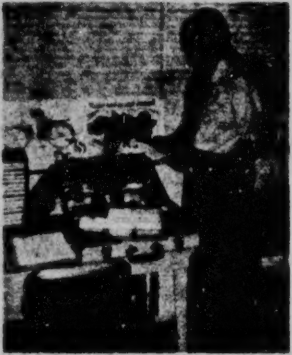
Mr. David Bauer, Mr. Joseph Riley, and Mrs. Patricia Legos were the program consultants. They built their presentations to students and staff members around a preventive, mental health approach. Concepts which contribute to an increased understanding of feelings, self-image, purposeful behavior, and choices and consequences were stressed. The Community Education Project particularly feels that these concepts, when weak or negative, contribute to problems children experience, such as alcohol and drug abuse. Teachers were encouraged to use materials promoting these concepts in an interdisciplinary approach to curriculum.

Materials used in each elementary school included video tapes of the "Inside-Out" educational television programs "Just Joking" and "I Dare You," and DUSO Kit materials (Developing Understanding of Self and Others) for both primary and intermediate level students. These materials are designed to encourage active student participation and discussion on relevant problems students face in today's American culture. The focus is upon understanding self and others, making purposeful choices and accepting the consequences.

It appeared from discussions with students, teachers, and principals that the demonstration lessons, techniques, materials, and follow-up staff meetings were very well received. In fact, the consultants were invited to return to each of the three elementary buildings later in the school year to share additional ideas and materials.

As a result, the Community Education Project will purchase two DUSO Kits for each participating school at a total cost of $800.00, and arrange for the loan of video tape copies of the thirty "Inside-Out" T.V. programs.

Mr. David Bauer, consultant, works with Mrs. Hollinsworth's 4th grade class at Holland Patent Elementary School. He used posters and other visual materials to develop decision-making skills.



Mr. Joseph Guarini, principal of the Stittville Elementary School, examines some of the new materials which were demonstrated for his staff and students.

Mr. Joseph Riley, consultant, shown with Mr. John Jones' class (Holland Patent Elementary School) demonstrated the "Inside Out" video tape "Just Joking" to a discussion on the feelings of others.

Mrs. Patricia Legos, consultant, is shown working with Duso the Dolphin. Students from Miss Deborah Roberts' second grade class (Barneveld Elementary School) are participating with interest.

Miss Lucretia Stitt, a 4th grade teacher at the Stittville Elementary School, and one of her students, Cheryldene Carro, work with Duso the Dolphin and Flopsie the Flounder.

Children at the Barneveld Elementary School are shown as they participated in one of the demonstration lessons. Student attention and interest was keen throughout the three school visit.

After school, sessions for teachers were held in each elementary school building to critique the demonstration lessons, examine the materials and elicit ways to implement key concepts in the existing curriculum. Here the Holland Patent Elementary faculty are shown as they listen to the consultants.

PEOPLE PROBLEMS

Are the problems actually drug abuse, veneral disease, illegitimacy, smoking, dropouts, lack of motivation, etc., or are these symptoms of a deeper underlying disease? Do we need an expert to deal with each epidemic? Are the symptoms related? The roots of each of these symptoms are based on people and the decisions they make. We have allowed education based on biological, factual data to influence our children's decisions and results show us that this approach has left much to be desired. We feel a more positive preventive approach will be more effective.

APPROACH TO DECISIONS:

In our youth:

One-half of the nation's teenagers are regular smokers at the age of eighteen.[1]

In some areas, 21.5% of high school students have used amphetamines.[2]

20% of the high school students in some areas have V.D. before graduation, in some areas, more than 50% are infected.[3]

Facts such as these show the importance for us to approach the decision making abilities in our youth. Common sense is becoming more uncommon. We must develop in our youth a positive self-image, or good feelings about themselves. With the increased use of television and other distractions, communication with our children is threatened as never before. We must seek good communication or rap sessions in a friendly, unthreatened atmosphere.

Decision making can be approached and an ability developed so our youth can anticipate the results of their decisions and learn to accept both good and bad aspects of decision making. We will then develop a critical and independent thinker who understands the value of earning and deserving something based upon critical thought and good decision making.

---

[1] Dain, Enan and Gothold, Strategies for Coordinators, MacMillan Educational Services, Inc., Beverly Hills, California, 1971.

[2] Ibid.

[3] Ibid.

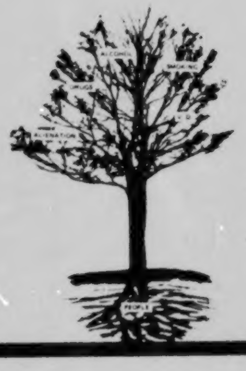
These programs are offered to you under a State Education Department Grant. Contact your Regional Health Education Office at 315/792-4556, 792-4557 or 792-4558.

BOCES

These programs are offered by the Board of Cooperative Educational Services
BOCES No. 1, Oneida Madison and Herkimer Counties
F. Wright Johnson, Superintendent
BOCES No. 2, Oneida, Herkimer and Hamilton Counties
D. Everett Bliss, Superintendent
The Sole Supervisory District of Madison and Oneida Counties
Dr. Andrew Rossetti, Superintendent

Joseph E. Riley, Project Coordinator
David G. Bauer, Inservice Education and Curriculum Coordinator
Patricia Legos, Health Educator

Introducing . . .
a School-Community APPROACH TO SOLVING PEOPLE PROBLEMS



JOSEPH E. RILEY
Coordinator
Drug and Health Education

B.O.C.E.S. ONE
P.O. Box 233
Yorkville, N.Y. 13495

Phone Bus. 315/792-4557
Home 315/737-8804

11 WAYS FOR YOUR SCHOOL-COMMUNITY TO DEVELOP A POSITIVE PREVENTIVE APPROACH TO YOUR "PEOPLE PROBLEMS"

Our staff is available to offer the following sessions for your school–community. The length of time and coverage of topics are flexible to your needs and time constraints. Additional sessions may be offered by request. These programs can easily be planned and coordinated by us in conjunction with your school health educators and health services staff along with community resources to develop a total school community effort.

PARENT GROUPS

① **Communicating With Young Adults** – Useful techniques that parents can use to increase and improve understanding and communication with young adults. Primary importance will be placed upon the role of communication, developing good mental health and attitudes of young adults, and resolving and avoiding communication blocks and conflict.

② **Learning To Decide** – Designed around gaming and simulation techniques to improve the bases upon which we make decisions. The main application would be to help promote good decision making abilities in young people. Sessions would include discussions on the relationship between parental responsibility and acceptance of decision making by young people.

③ **Mental Health in the Home** – Practical application of modern theories of mental health to develop a positive self image in children. Concepts of Eric Berne and use of transactional analysis would be utilized to help develop a mentally healthy atmosphere in the home.

④ **Parents Program on Modern Health Problems** – Program designed to brief parents on current health problems such as venereal disease, suicide, pot, etc. and preventive programs for the home in avoiding these health problems.

STUDENTS

Our staff is able to offer several mini-courses for use in your school system. Information concerning length of time, number of students and additional courses may be obtained from our office.

⑤ **Deciding** – A program developed by the College Entrance Examination Board which includes activities designed to clarify students' values and their role in decision making. The program is designed to enable students to understand why they make certain choices and how to better enable themselves to live with their decisions.

⑥ **Social Seminar** – A program developed by the National Institute of Mental Health to raise questions about our social problems and our individual responsibility for action to reduce them. The program is multi-media and incorporates role-playing very effectively to develop an awareness of other people's perspectives and actions. Several people on our staff have been trained by the Mental Health Materials Center to facilitate this program.

⑦ **Communicating With Parents** – A program developed to increase understanding and awareness of communication with parents. Role playing and simulation activities are designed to develop increased understanding of adult perspectives and their influence on communication blocks and crossed communication.

TEACHERS

The following program descriptions may be utilized as inservice training or as interest group sessions.

⑧ **Social Seminar** – This series is designed to promote thinking about our social problems and the solution to these problems. Role-playing and films develop an appreciation for looking at these problems from different perspectives. These films are guaranteed to get response from your teachers as they challenge the role of education in dealing with and creating many of our problems.

TEACHERS – Continued

⑨ **Teacher Self-Evaluation** – These sessions are based upon the methods of evaluating your own teacher communication effectiveness. The Flanders Method, Transactional Analysis, Gestalt Psychology and other methods designed to evaluate and improve the classroom atmosphere and teacher effectiveness will be utilized.

⑩ **Inside/Out** – The purpose of "Inside/Out" is to help children achieve and maintain well-being. The thirty-lesson series engages the minds and feelings of eight-to-ten-year-olds through the presentation of situations common to their own lives. The programs deal compellingly with social, emotional, and physical problems that have traditionally been the concerns of health educators. However, the series takes an affective approach to the problems, showing that an open-minded understanding of human feelings is needed to balance knowledge of a more factual or cognitive kind.

⑪ **Techniques and Materials for Junior and Senior High Health Educators** – These sessions are designed to promote sharing of techniques, materials, curricula, etc. of health educators in your area. Gaming and Simulation techniques, value clarification methods, new audio-visual aides, books and their evaluation and other health education related needs will be covered.

CBRU – Programs designed around the ordering and use of Computer Based Resource Units. Units are available in Health Education, Science, Mathematics and Language. Sessions are scheduled according to your school needs. Every educator should be aware of this new innovation in using computers to retrieve classroom objectives, content, materials and media aids and activities to individualize instruction.

CITY SCHOOL DIST E CITY OF ONEIDA

One 13421

Dr. Edward T. Green
Superintendent of Schools

Oneida Castle Elementary School
Oneida, New York 13421
Phone 363-5910

Seymour Radin, Principal

Wampsville Elementary School
Wampsville, New York 13163
Phone 363-8810

RCD FEB 8 1974

February 4, 1974

Senator Jacob Javits
United States Senate
Committee on Foreign Relations
Washington, D. C.

Dear Mr. Javits:

I have received a copy of a portion of the Congressional Record dated December 21, 1973 and have read through the statement and the bill on alcohol and drug abuse.

I believe that the amendments that you are proposing are comprehensive and well thought out. I agree with you that not much can be accomplished on just an information level. Most people who have problems with drug abuse also need help in developing positive values and a positive self-image.

I do not have any suggestions for changes in the bill. I wish you and your colleagues every success in getting it passed.

Sincerely,

Seymour Radin

Seymour Radin
Principal

SR:de

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RECD FEB 8 1974

February 5, 1974

Senator Jacob K. Javits
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

I was extremely pleased to read your proposal to amend the Drug Abuse Education Act of 1970. I refer specifically to S.2848, the Alcohol and Drug Abuse Education Act of 1974.

It is the foresight of officials, such as yourself, thet will eventually make the greatest impact on prevention of abuses involving alcohol and drugs. We all recognize the need to prevent, through the understanding and remediation of personality, problems that may cause abuse. The presentation of facts only has not proven successful in the past and we need research based programs to prove our methods. This is the two-way street needed to provide the answers.

I am currently submitting the enclosed proposal to the State of New York Education Department. It has similar characteristics to the SPARK Program.

Good Luck!

Sincerely,

Dr. Eugene V. Bowers
Drug & Health Coordinator
BOCES II
Monroe-Orleans Counties

EVB:cb
Encl.

SCHOOL - COMMUNITY
PEER COUNSELING PROGRAM

Narrative Statement:

Preventive drug and alcohol education is dependent upon several factors, paramount among them are the following:

1. A reliable knowledge base i.e., the source of the problem and the nature of the problem that generates the abuse or misuse of alcohol and drugs.
2. The identification of effective techniques and suitable personnel to serve as "intervenors" in the process of abuse or misuse of alcohol and drugs.
3. Ways to channel knowledge into meaningful experiences that will result in behavior modification in the direction away from the abuse or misuse of alcohol and drugs.
4. The implementation of the process.
5. The evaluation of results and modification of the program.

Program Objectives Are:

1. The identification of a reliable knowledge base:

   Method: The identification and creative interpretation of data to provide the knowledge base for a preventive drug and alcohol education program for schools may not be satisfied by theoretical research. It is suggested that such information should come from the source or point of "critical contact" with the person(s) involved with drug and alcohol abuse. Therefore, an essential part of this proposal is the employment of a person to serve as "Community Intervenor" with the following credentials:

2. A demonstrated ability to relate to youth who are currently drug abusers, or may display personal characteristics making them vulnerable to abuse. This may be within the school environment or community. The ability to conceptualise the contributing factors leading to drug and alcohol abuse or environmental influences that may cause young people to become potential abusers.
3. To be able to interpret these to key school personnel, i.e., Teachers, Guidance Personnel, Administrators, etc.

Formal Preparation

The "Community Intervenor" should have sufficient understanding of human behavior to accomplish the essential tasks described in 1, 2, and 3 above.

Minimal preparation may be a BS or BA with a major in the behavorial sciences e.g., Psychology, Sociology, Health Education or equivalent experience. Formal training in counseling would also be desirable.

At least two to five years experience in some capacity interacting with youth of Jr. or Sr. High School age in an identified program e.g., teaching, youth recreation work, drug and alcohol counselor, etc.

Characterization of the Role

The "Community Intervenor" will, in addition to his therapy role in the community, meet regularly with school personnel to provide input for use in program development. The specific programs referred to here are: the Peer Counselor Development, Health

Teaching and Administration. This is an essential educational link between school and community.

Program Costs (Community Intervenor)

Although specific costs will appear as part of the budget for this program proposal, it is important to point out that salary amounts for the "Community Intervenor" will be on a shared basis with other community agencies. (Town of Ogden, Town Council).

The Identification of Effective Techniques and Suitable Personnel To Serve As Intervenors Within The School Setting

In addition to the "Community Intervenor", it is expected that upper level high school students will be trained to serve as "Peer Counselors" ("Peer Counselors", for this program, may be described as students trained to counsel others of approximately the same age) and "Student to Student Counselors" where students are trained to work with students of different ages - the idea being that the older student works with younger students.

"Peer Counselor" and "Student to Student Counselor" Training

Students from the Junior or Senior level in high school will be selected to be trained by Certified Guidance Personnel. The methods to be used will be: audio or video tapes, post-session supervision by trained personnel, group work with several pairs of peers (or "helpers") and goal setting techniques. This portion of the proposal will involve the greatest amount of expense but will be the key activity to successful accomplishment of program goals.

Characterization of "Peer Counselor" and "Student to Student Counselor" Roles

"Peer Counselor" will interact with fellow students as a result of referral to a Certified Guidance Counselor. The Certified Guidance Counselor will provide data for the "Peer Counselor" or "Student to Student Counselor" and also serve to control the case load of student counselors. Time will be provided, during the school day, for student counselors to perform.

Responsibilities of Certified Guidance Personnel

The major responsibilities of the certified guidance counselor will be training and supervision of student counselors. It is expected that 10-12 students will be trained and require supervision. The time consumed by both of the activities will be nearly 100% of one fully-employed counselor. The remaining time will be spent in program coordination, referral functions, administration and evaluation.

Channeling Knowledge Into Meaningful Experiences That Will Result in Behavior Modification in the Direction Away From the Abuse or Misuse of Drugs and Alcohol

"The Community Intervenor" will provide the major source of information from the community. Direct communication will be made by this person to the Certified Guidance Counselor and possibly the student counselors. Both the Certified Guidance Counselor and the "Community Intervenor" will provide information for the Health Education teachers and Administration for inclusion in the curriculum. These activities must be viewed as reciprocal in all cases. The suggested setting for communication may be the case conference.

The Implementation of the Process

The implementation of the process described above will be dependent upon the following factors:

1. Financial support for the program
2. Administrative support for the program
3. Teacher support for the program
4. Interested and dedicated training personnel (Certified Guidance Counselors)
5. Securing the right person to serve as "Community Intervenor"
6. A reliable process to select student counselors
7. Time for program development
8. Open attitudes on the part of community personnel

Evaluation

It is hoped that the program described herein will cause some behavioral changes among students who have exhibited characteristics that may classify them as "misfits" in the school-community context. Many may have become abusers of alcohol or drugs (symptoms of personal maladjustment) or may exhibit personality characteristics which may place them in the category of potential abusers. Certain obvious behavioral manifestations may already exist, such as; classroom (school) misbehavior, (acting-out behavior), truancy, class grades.

Students who receive service from this program will be expected to show some behavioral improvements in the following areas:

> Where there have been referrals for drug or alcohol related behavior from profession staff, police, self, family, etc., it is expected that a decrease in these will become evident.
>
> Where there have been instances of acting-out behavior such as fighting with other students, fighting with staff, abusive language, disruption of classroom activities, inappropriate conduct in lunch or recreational areas, damaging school property, stealing, etc., it is expected that a decrease in such behavior will become evident.
>
> The incidence of tardiness, truancy, classes cut and total absences related to these, should show decline.
>
> Classroom grades, where lower than student's potential, should show improvement.

Methodology

Comprehensive student records will be kept on the above during the academic year, and periodic analysis (quarterly or monthly) will be made on each student who participates in the program. While it does not seem feasible, at this time, to establish a control and experimental grouping for more precise statistical analysis, efforts will be made to compare behavioral records statistically.

A series of anecdotal records will be requested from persons coming into contact with the student. This will comprise a subjective analysis.

All results will be published for professional staff at least two times during the academic year. A final summary report will be published for the funding agent and professional staff.

The
ENLARGED CITY SCHOOL DISTRICT
of
AUBURN, NEW YORK

WEST MIDDLE SCHOOL
217 GENESEE STREET
AUBURN, N.Y. 13021

Tel. (315) 253-0301

REC'D FEB 4 1974

Jan. 30, 1974

Dear Senator Javits,

The Alcoholism & Drug Abuse Act (S 2848) seems to get to the problem much more than any attempts to date.

May I suggest that monies be directly placed on the local levels to develop the program (educational approach) needed. Too often the "machinery" costs more than the product or end result.

Direct assistance to each school system would be the most functional and most meaningful approach to help the youngsters who need this special program.

Respectfully yours,

Michael A. Cirofino, Ed.D.
Principal

SALAMANCA CITY CENTRAL SCHOOL DISTRICT

50 IROQUOIS DRIVE
SALAMANCA, NEW YORK 14779
TELEPHONE 716-945-2400

January 30, 1974

The Honorable Jacob K. Javits
U. S. Senator of the State of New York
Washington, D. C.

Dear Senator Javits:

In your letter of January 18, 1974, addressed to the Principal, you mentioned that we have in this country "The development of a dangerous pattern of poly-drug use", with which most of us agree. You also requested any comments or suggestions for revisions of the bill that you introduced. Even though I agree wholeheartedly with your bill, and believe that it will attack the problem, I must say in my humble opinion that attacking the problem now is like locking the door after the horse is gone. I believe that the abuse of drugs could have been diminished tremendously if our high moral standards in this country were maintained, instead of gradually deteriorating, eroding, or rotting away because of the lack of will or interest on the part of some of our law makers, legislators and leaders of government. This remark is not made in any disrespectful way to you, as I have always admired your ability, honesty, intelligence and other virtues, not only as a man, but also as a fine representative of all the people in this state, as well as the country. If we had other law makers like you, I am sure the problem that we now have would have been stopped before it got almost out of control.

The problem of drugs can be blamed on our society. I may be entirely wrong. All my life I was taught to respect other peoples' rights, as well as my own. I was taught that with every right there must be a responsibility and that if

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ROBERT F. HUGHES, Jefferson Elem. Principal

I wanted something that I should work for it honestly and diligently so that I would always know that I earned it in the proper moral fashion. In these teachings, one can see that I had to learn that whatever I had, I had to achieve it in a way that in benefitting me, it would not cause harm to any one else. I developed a pride, a satisfaction and an appreciation of how to do and obtain things. This is what I believe is wrong with our present society. We get what we want, we do what we want without any regard of the feelings of others. The permissiveness of individuals to do anything at any time such as: to wear or not to wear clothing, to have long hair or short hair, to stand in disrespect to country and flag, to smoke anything they want, place the blame on society for every rule broken; what then can society do? It is compelled to have laws that are actually in favor of the criminal or law breaker rather than the victim, it takes the authority away from the police, the teacher, and the parents. It fosters the exposure of people to indecent movies, photographs and gives great publicity and praise to sport stars, movie stars and others for what used to be termed "abnormal" behavior. The commentaries to all by the television broadcasts are at most times incriminating and critical and seldom complimentary and are not healthy for everyone to see and hear. So, everyone is bad; so what is so wrong in drug abuse? After all, in most cases, we are hurting ourselves! This is the young persons' philosophy. They see so much and hear so much about the wrong doings of the leaders, that their confidence in people, country and everyone else is destroyed. What are the older folks doing? We are pacifying them to make them like us. We are tolerating them by letting them do and act any way they please and then try to help them by spending money thru welfare, clinics, educational grants, rehabilitation and public defenders -- everything free.

We have to reestablish our attitudes, our respect for others, for our flag, for our laws and for our country. Through encouragement and proper exposure, we have to reevaluate our rights and our responsibilities so that we can once again think that killing someone is a most terrible crime and improper behavior such as being a drunk or an addict is really a scourge to society.

Too, we have to improve on our court procedures in penalizing the pusher and user and in fact all violators of the law. Instead of delays, postponement and stalls so that the reason for the crime is practically forgotten, there should be a more practical and speedy way for the handling and execution of the case. I have found that many of the police have thrown up their hands in disgust. When someone is brought in for an arrest, through legal technicalities, public defenders, and court decisions, nothing is done with the violator, but they in turn are ridiculed for being too tough and unreasonable and are publicly denounced. As a result, the police are placed in a position to be scoffed at, called "pigs" and derided for trying to do their duty. This to me does not help cut down or eliminate the crime, whatever it may be.

From all this, I must believe that there should be a reassessment of the degree of the crime, and then a degree of punishment can be decisioned justly. When a murderer can go without any capital punishment unless on such occasions as killing a man in uniform, that is, a member of the police force, or repeats the crime or some other far fetched felony and then become free after a few years, what does the drug pusher who, by the way, is making a lot of money, have to worry about? After all, to him, this is not as bad as committing a murder! The Supreme Court on the one hand forbids capital punishment of the killer; on the other hand, it allows the execution of the unborn child through abortions.

Until we establish a philosophy or a doctrine of law and order and raise our moral standards in this country, our society will deteriorate from within. There must be certain goals set, certain definitions of right and wrong, and a creation of a desire to think and respect others such as respect for man, home, and country. Then we can pursue the right course or direction. We must lift ourselves out of the doldrum of chaos and confusion, as each is on his own and each is for himself, and get on the appropriate track. When we do this, I believe each and all will be able to achieve the welcomed result. Then, the climate for learning and believing the hazards of drug abuse will be receptive. But, until the young people once more trust the morals and laws of adults, more mouthings by us will have little effect.

Respectfully yours,

William O Valent

William O. Valent, Principal

Salamanca Junior-Senior High School

BROCKPORT CENTRAL SCHOOL
MIDDLE SCHOOL
Brockport, New York, 14420

Wilson Buddle - Principal
Frank Belling - Vice Principal

Area Code: 716
Phone: 637 - 5303

RECD FEB 4 1974

January 30, 1974

The Honorable Jacob K. Javits
United States Senate
Washington, D.C. 20510

Dear Senator Javits:

I am writing in respons to a bulletin that was sent to my school principal regarding your Alcoholism and Drug Abuse Education Act (S. 2848).

I share your viewpoint that the only change we can hope to effect is to change attitudes, values, methods of decision making, and respect for our bodies and our fellow man. I am afraid, however, that when you mention courses in Values, Decision Making, Mental Health, and the like, local administrators and especially Boards of Education turn their heads aside and refuse to (or are afraid to) listen.

As a Health educator, I sincerely feel that the direction to be heading in (especially at the Middle School level - grades 6, 7, and 8) is the direction of courses designed to re-humanize human beings, and I would appreciate hearing from you as to what might be possible along these lines.

Sincerely,

Andrew W Nazzaro Jr.

Andrew W. Nazzaro, Jr.

AWN:dt

The City of New York
ADDICTION SERVICES AGENCY
65-71 WORTH STREET, NEW YORK, N. Y. 10013
Telephone: 433-3790
JEROME HORNBLASS, Commissioner

January 31, 1974

The Honorable Jacob K. Javits
United States Senate
326 Senate Office Building
Washington, D.C. 20510

Dear Senator Javits:

Permit me to congratulate you on the leadership you have demonstrated in the submission of S2848, the Alcohol and Drug Abuse Education Act Amendments of 1974.

The New York State Drug Abuse Control Commission and my own Addiction Services Agency, as the funding and technical assistance sources, take justifiable pride in the accomplishment of the SPARK program. The recognition you afford to the program affords us considerable pleasure.

S2848 is, in my opinion an excellent and most needed amendment to the Drug Abuse Education Act. I would, however, encourage some slight modification in its language to make clear that the legislative intent is that the "creative primary prevention and early intervention programs...." are meant to be conducted in both elementary and secondary schools.

The State and City of New York are currently providing more than 13 million dollars for programs in elementary and junior high schools. These funds, which are administered by local community school boards, are a most necessary part of the comprehensive attack of which the high school oriented SPARK program is an intergal part.

Through the use of a variety of techniques, children as early as the primary grades are helped to discriminate between helpful and harmful substances; helped to identify and deal with feelings and emotions; helped to understand peer pressure and its possible negative aspects.

I am sure that you will agree that the development of coping skills, the clarification of personal values, recognition of the distinctions between the use and abuse of any substance certainly must start as possible. Further our experience indicates that intervention activities are needed in the early grades of elementary school.

Again, my appreciation for your concern in the area of drug abuse prevention.

Very truly yours,

Jerome Hornblass

Jerome Hornblass
Commissioner
Addiction Services Agency
City of New York

JH/jm

JAMESTOWN PUBLIC SCHOOLS
JAMESTOWN, NEW YORK

OFFICE OF THE PRINCIPAL

GEORGE A. PERSELL SCHOOL

January 31, 1974

Senator Jacob K. Javits
United States Senate
326 Senate Office Building
Washington, D.C. 20510

Dear Senator Javits:

I thank you for the opportunity to comment on S. 2848 as submitted by yourself and Senators Hughes, Williams and Dominick.

It is encouraging to find individuals of your stature concerned enough to take the time needed to encourage the kind of in-put you are requesting. With brevity in mind, since I am certain you will receive hundreds of responses, I will list my comments with little amplification:

1. Schools reflect society, and as such, reflect society's problems. To treat this problem as an educational problem is to do exactly what the bill proposes not to do--that is treat a symptom.

2. Schools have been involved in drug education for the past several years with no discernable impact--in some instances the use of drugs has risen significantly in experimental groups when compared with control groups. I believe this was the case in the Michigan program.

3. What is the school's legal position in the peer counseling situation--can the schools be held legally liable for problems that may arise from "peer counseling"?

4. Doesn't the apparent fact (symptom) that some young people cannot relate to or accept adult counseling point toward the real problem that must be attacked?

5. Why were samples drawn from only three of the nine schools having SPARK used?

6. The data collecting appears to be rather loose--if the behaviors to be used were identified at the inception of the study, one has to wonder why special efforts were not made to assure data collection and compilation (especially information on "unexcused absences" since it should have been relatively easy to collect and of significant importance).

7. The information regarding baseline data and matching, or using total population matched with experimental group, upon which Tables 2, 3, 4 and 5 are based, is quite confusing.

I would personally urge a "go slow" approach in requesting legislation which is, at least partly, based on an experiment which has not been completed and whose results are to me nebulous. I would further suggest that any program evaluation be done by an independent, outside agency.

I hope I haven't been too negative, but frankly I do become concerned when educators are asked to solve social problems over which we have little control. I would like to refer you to an article in the N.Y.S.T.A. publication, The New York Teacher - Magazine Section, entitled "What Are Schools For", written by Dr. Robert L. Ebel.

Thank you for this opportunity.

Sincerely,

William S. Gullotti

William S. Gullotti

WSG/jp

ONEONTA CITY SCHOOL DISTRICT
ONEONTA, N. Y. - 13820
PHONE 607-432-8300

RECD FEB 4 1974

January 31, 1974

Honorable Jacob K. Javits
United States Senate
Committee on Foreign Relations
Washington, D. C. 20510

Dear Senator Javits:

I have shared your letter of January 18th with my staff.

Without being specific they wholeheartedly support your position and encourage you to give it your full attention.

Sincerely,

Lloyd Baker

Lloyd Baker
Principal

/lh

SENIOR HIGH SCHOOL
SACANDAGA ROAD
SCOTIA, NEW YORK 12302

Scotia-Glenville Central Schools

CRAIG R. HITCHCOCK
DIRECTOR OF HEALTH AND PHYSICAL EDUCATION
TELEPHONE 377-8112
AREA CODE 518

SCOTIA, NEW YORK 12302

R. J. McGUIRE
HIGH SCHOOL PRINCIPAL
TELEPHONE [illegible]
AREA CODE 518

February 1, 1974

FEB 6 1974

Senator Jacob Javits
United States Senate
Committee on Foreign Relations
Washington, D. C. 20510

Dear Senator Javits:

Your letter regarding "Alcohol and Drug Abuse Education Act" was forwarded to me by our princial for whatever comments I would make. As an educator I have obvious respect for education and I am delighted that you appear to share this respect.

As I read your proposal I see many things that I agree with, among these are the beliefs that we must continue our work with methadone, that drug abuse problems cannot be solved simply by treating the individual that is addicted, that the abuse of any substances is a complex behavioral problem and that we must continue in our attempt to discover ways in which our educational system can become capable of dealing with the problems of abuse. I am also concerned that too often our stress is spent helping the already addicted youngster and too little is spent helping the troubled youngster who, as yet, has not become addicted.

There is one outstanding concern that I have for the programs that you have outlined. It is that most of the money appears to be allocated to the established school system and doesn't recognize that a large percentage of troubled young people have already rejected these institutions.

I have a sincere belief that some future generation will recognize that our schools are able to take care of the needs of all young people. However, it is a reality that some youngsters in the present generation have turned their back on the established schools and need some outside guidance. It is for this reason that I would like to see some of the funds you mentioned channeled to clearly competent, highly professional counseling agencies. I have witnessed some fine relationships that appear to be impossible in the school environment and that must be encouraged if we are to salvage those who can be helped only in this way.

Please accept our gratitude for the confidence in our schools that you have exhibited and please give some consideration to the possibility of incorporating some help in your bill for private agencies.

Respectfully,

Craig Hitchcock

Central School District No. 2 Towns of Glenville, Schenectady County; Amsterdam, Montgomery County; Charlton, Saratoga County, New York

INSTITUTE FOR CHILD MENTAL HEALTH
386 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10016
(212) 683-9665

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RECD FEB 7, 1974

February 6, 1974

The Honorable Jacob K. Javits
326 Russell Senate Office Building
Washington, D.C. 20510

Dear Senator Javits:

We wish to convey our appreciation to you for your introduction of the bill to provide for evaluation and research in the drug and alcohol addiction field. This bill is of particular interest to us in light of the Study of the Development of Infants of Addicted Mothers which we developed in the past year.

As you are probably aware there were more than 2700 infants born to addicted mothers in New York City last year. The symptoms of withdrawal of these infants were severe enough to bring them to the attention of the hospital staffs. Some of these infants will continue to need special care and appear to be in high risk of developmental difficulties. In collaboration with six hospitals in New York City we have prepared a proposal to study these infants for seven years to determine the extent and duration of these difficulties as well as the ability of these babies to function as children and as adults. This is the first attempt to assess in any comprehensive manner the long term effects of prenatal addiction. The collaborating hospitals are:

Beth Israel Hospital
Harlem Hospital
Jewish Hospital and Medical Center of Brooklyn
Fordham and Misericordia Hospitals
Lincoln Hospital
Metropolitan Hospital

Our proposal was submitted to the National Institute of Health October 1, 1973. We were site visited last December by the National Institute for Drub Abuse. We hope to hear in early March whether we will be funded to carry out this critical study.

We would be happy to send you a copy of the proposal as well as to provide any other information concerning the study which you might wish. We know that your interest will be an important factor in bringing this project to fruition.

Thank you.

Sincerely,

Frances K Alston

Frances K. Alston
Principal Investigator

Herschel Alt

Herschel Alt
President

FEB 28 19[illegible]

CHEEKTOWAGA CENTRAL SCHOOL DISTRICT
3600 UNION ROAD CHEEKTOWAGA, NEW YORK 14225 716-684-3600

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Administrative Assistant
Mr. George L. Morse
Business Manager

CHEEKTOWAGA CENTRAL
HIGH SCHOOL
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716-684-3600

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Principal
Mr. Joseph T. McCarthy
Dean of Students

ELEMENTARY SCHOOL
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716-684-3600
Miss Freda A. Klump
Elementary Coordinator

ALEXANDER AVENUE
SCHOOL
275 Alexander Avenue, 14211
716-893-0350
Mrs. Ruth P. Peters
Principal

PINE HILL SCHOOL
1635 E. Delavan Avenue, 14215
716-892-1033
Mr. Robert J. Schlogeter
Principal

UNION EAST SCHOOL
3550 Union Road, 14225
716-684-3600

Mr. Richard A. Stott
Principal
Mr. William E. Kompf
Assistant Principal

February 25, 1974

Senator Jacob K. Javits
United State Senate
Committee on Foreign Relations
Washington, D. C. 20510

Dear Mr. Javits,

Apologies for this late response regarding S2848. Representatives of our teaching staff, guidance department, and administration, favor this bill. We strongly favor funds for school staff education and involvement. We favor cooperative educational programs from within the school setting.

Further, our guidance department chairman stresses the importance of reaching into the elementary schools. While we have no model program in our schools, what we have done has appeared to be somewhat effective. In informal sessions with our sixth graders, I have been consistently informed by students that they have studied drug abuse, the reasons for it, and the effects. They indicate that they do not regard drug abuse as smart. Our high school was recently singled out as one with the least involvement in drug abuse. I hasten to add that the newspaper study was far from scientific or definitive.

We favor the legislation and will urge support for it on the part of our Congressional delegation.

Sincerely yours,

Dr. Omer W. Renfrow
Superintendent

OWR:mn

2848

Brookhaven Memorial Hospital

101 BROOKHAVEN HOSPITAL ROAD
PATCHOGUE, N. Y. 11772

CODE 516 - GRover 5-5000

DOROTHY S. LANE, M.D., M.P.H.
CHAIRMAN, DEPT. OF COMMUNITY MEDICINE

[redacted] MAR 16 1974

March 13, 1974

United States Senate
Committee on Foreign Relations
Washington, D.C. 20510

Re: Alcoholism & Drug Abuse Education

Senitor Javits,

In reference to your recently introduced bill "Alcoholism and Drug Abuse Education Act" (S. 2848), I would like to express my support and interest.

That there must be early intervention and primary prevention activities established in recognition of the fact that complex human behavior is influenced by many forces can not be denied. There is a definite need for a joint program effective.

Sincerely yours,

Gerald Mazzola
Gerald Mazzola
Associate Director

GM:cb

[redacted] MAR 8 1974

Lions International

District 22-C

DISTRICT GOVERNOR
1973 Ewell B. Ward 1974
Calvert County Club
Huntingtown, Md. 20639
Res: 535-0695 Bus: 981-2219

CABINET TREASURER
James E. Montague
Hillcrest-Marlow Heights Club
3618 Rivera Street
Marlow Heights, Md. 20031
Res: 423-0741

CABINET SECRETARY
James R. Spangler
Oxon Hill Club
2020 Brooks Drive, Apt. 809
Suitland, Md. 20028
Res: 736-9888 Bus: ME 8-1620

LIEUTENANT GOVERNOR
George N. Grant
Accokeek Area Club
Route 2, Box 89-J
Waldorf, Md. 20601
Res: 292-3848 Bus: 347-0588

ROUTE 1, BOX 548, CLINTON, MARYLAND 20735

March 5, 1974

Hon. Jacob K. Javits
United States Senate
Washington, D.C. 20510

Dear Senator Javits:

For some time I have been deeply concerned that the major effort to combat drug abuse among our young people has been directed toward treatment and rehabilitation with little or none for prevention. Certainly, treatment and rehabilitation are necessary, but if more emphasis were put on effective prevention programs, such as Smart Set/Smarteens, the need for expensive treatment and rehabilitation facilities would be far less. It is obvious that unless the major effort is directed toward prevention, the problem becomes self-perpetuating.

Senate Bill 2848 seems to be a step in the right direction in that it emphasizes prevention. Enclosed is literature describing the Smart Set/Smarteens program. This program has succeeded where others have failed because the kids themselves run it - it is their program.

The Lions Clubs of District 22-C, which includes the District of Columbia and the Maryland counties of Montgomery, Prince George's, Charles, St. Mary's, and Calvert, are sponsoring and financing this program in a number of junior high schools. The Lions feel that this approach is more effective than all the lectures and movies on drugs put together. We would like to see the program in every elementary and junior high school. However, there are two limiting factors; it would be far too expensive for one organization and there is an amazing amount of apathy toward the drug problem among many school officials.

Also enclosed is a booklet, "Drug Education: A National Disaster," describing the utter failure of the educational approach to reach our young people. I am convinced that the only effective educational approach would be the integration of drug information into existing curriculum subjects, such as Science, Biology, Social Studies, Physical Education, etc. This type of drug education in conjunction with the Smart Set program should do much to solve, not only the problem of drug abuse, but also the problem of alcohol abuse which is becoming serious even at the junior high level.

I heartily agree with the provisions in S. 2848 for community education programs, particularly for parents, some of whom must certainly share responsibility for the drug abuse problem. However, I believe it should be extended to include educators and school officials. Perhaps this would reverse or, at least, reduce the apathetic and indifferent attitude of many of them.

In his efforts to gain recognition and support of the Smart Set program as an approach that works, Mr. Robert K. Squire, founder and president, has applied to NIMH for a grant of $100,000 to have a professional organization study the effectiveness of the Smart Set/Smarteens program over the last five years in schools throughout the country. He and I would sincerely appreciate your support of the program itself and the research grant.

I would appreciate an opportunity to meet with you and the co-sponsors of S. 2848 or members of your staffs to further discuss the alcohol and drug abuse problem and how best to combat it.

With best wishes, I am

Sincerely yours,

Alan B. Mackall

Alan B. Mackall, Chairman
Drug Prevention Committee

Enclosures

Identical letters to:

Senator Hughes
Senator Williams
Senator Dominick
Senator Cranston
Senator Beall

NYO REC'D MAR 5 1974

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
DIVISION OF RESEARCH AND DEVELOPMENT
NASSAU REGIONAL OFFICE FOR EDUCATIONAL PLANNING

NASSAU COUNTY

125 JERICHO TURNPIKE
JERICHO, NEW YORK 11753
516 997-8700

March 4, 1974
DTD: 316

The Honorable Jacob K. Javits
United States Senate
110 East 45th Street
New York, New York 10017

Dear Senator Javits:

We wish to commend you for your action in proposing Bill S. 2848 to amend the Drug Abuse Education Act of 1970. Few people would disagree with the fact that young people, even at the junior and senior high school levels, are taking drugs in combination and in increasing and alarming amounts.

It is extremely encouraging to read in the Congressional Record of Friday, December 21, 1973 that legislators, such as yourself, believe that: "The community at large, and the schools particularly (underlining ours) are in the best position to focus on the causes of drug abuse rather than the symptoms... to plan and develop early intervention and prevention programming." and "Drug education should be a total process of interaction between individuals which emphasizes the affective, as well as the cognitive, approach."

Based on this philosophy, the Regional Development Program, Drug and Health Education, was initiated and designed to bring the State Education Department Division of Drug and Health Education and Services closer to school districts and to facilitate an exchange of information within regions and among regions in the State of New York. The major program thrust in our region, Nassau County, is to identify, develop, and disseminate exemplary drug and health education programs, some of which are very similar to the SPARK program described in the Congressional Record of the above date.

Some of the functions we engage in to develop effective programs in drug and health education are: serve as Chairperson of a Regional Advisory Council, which directs its efforts to exploring the needs of the learners in this region of the State; sit on and cooperate with planning councils to prioritize needs, and identify and plan program resources; provide consultative services to agencies and individuals devoted to preventive health and drug education; develop channels of communication to key personnel at the local district level and the State Education Department; provide staff development workshops; conduct assistance and information institutes for large groups; acquire and locate centrally, sufficient, high quality resources for teacher use; maintain adequate and appropriate liaison with other county, state, and federal agencies; and, at times, act as consultant to other state agencies engaged in establishing effective health and drug education programs.

We have attached a copy of program descriptions which were developed through SED funding and/or the assistance of the Regional Coordinator.

We will support and solicit support for Bill S. 2848.

Sincerely yours,

Doris T. Dolley

Doris T. Dolley, M.S.P.H.
Regional Coordinator of
Drug and Health Education

Erwin Krause

Erwin Krause
Assistant Regional Coordinator of
Drug and Health Education

DTD:dvg
Enclosure

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
DIVISION OF RESEARCH AND DEVELOPMENT
NASSAU REGIONAL OFFICE FOR EDUCATIONAL PLANNING

125 JERICHO TURNPIKE
JERICHO, NEW YORK 11753
516 997-8700

ATTACHMENT
March 4, 1974
DTD: 316

To: Senator Jacob K. Javits

From: Doris T. Dolley, M.S.P.H. and Erwin Krause
Regional Drug and Health Education Coordinators

Subject: Overview of Programs Developed Through SED
Support for Regional Drug and Health Education Coordination

Number of Children Served by BOCES--Over 300,000

Exemplary Health Education Programs

Through the Nassau County Regional Coordinators of Drug and Health Education, the following schools have received funding from The State Education Department's Division of Drug and Health Education and Services to support their innovative health education programs:

Elmont

Under the leadership of Mr. Martin Peterson, Assistant District Principal and District Health Coordinator, Elmont is developing a model interdisciplinary drug prevention program for elementary schools. The program will demonstrate how a team of school nurse teachers can coordinate health education through health instruction, counseling, health related experiences, consultation, staff education, and parent and community involvement.

Herricks

Dr. Emanuel Plesent is coordinating a project that involves students in the development of audiovisual and other media materials in drug education and mental health.

Entitled "A Creative Activities Approach to Drug Abuse Prevention to Drug Abuse Prevention Through Education in the Elementary Schools," this is a success oriented, creative activities centered program, involving puppetry, film-making, videotape production and related arts.

The Human Resources School

This Albertson, Long Island, school has received funding for "Innovative Health Activities for Physically Disabled Children Through an Integrated Program with Normal Children in Drug Education."

Massapequa

Mr. Arthur Coccaro, Coordinator of Health Education, has initiated a project entitled, "Interdisciplinary Health Education Teacher Learning Packets." The project will utilize the expertise of elementary supervisors, teachers, and selected outside consultants who will make up the Interdisciplinary Health Team (IHT).

North Shore University Hospital

Under the leadership and coordination of Gary I Wadler, M.D., and Mr. John Imhof, the North Shore University Hospital has acquired funding through Nassau BOCES for a project entitled, "The Hospital as a Major Resource for Health Education."

Syosset

Mr. Fred De Jong, Health Education Coordinator in the Syosset schools, has initiated a program that involves the services of high school students who will be volunteering their time and skills to community health-oriented agencies.

The program is called "A Model Health Program of Positive Alternatives Through Student Community Involvement," and some of the community agencies include Suffolk State Hospital, Hoch Psychiatric Hospital, and the I. H. B. Burwood and Woodbury Nursing Homes.

CBRU Evaluation Program

The SED Division of Drug and Health Education and Services has recently revised the Computer Based Resource Units (CBRU) in drugs, tobacco, and alcohol. Teams from Herricks, Lawrence, and BOCES were involved in the revision. In order to foster this type of health education resource, the SED is awarding minigrants to regional teams of teachers for a pilot evaluation study of the three CBRU units mentioned above.

We are presently working with thirty health education teachers, who represent six school districts in our region, in this evaluation study. The purpose of CBRU is to utilize the computer to individualize health education through resources and activities that are specifically designed for each student on the basis of his age, level of maturity, his interests, and his needs. It is hoped that CBRU will provide health educators with another method of making health and drug education exciting and relevant for young people.

Hospital-School Liaison

The concept of hospital-school liaison has been put into practice in Nassau County through the institution of the Hospital-School Liaison Committee as it functions in the North Shore University Hospital and surrounding school districts. In addition, the SED Division of Drug and Health Education and Services has provided financial support for the North Shore Model, using BOCES as a conduit of funding.

On the evening of January 17, 1974, a Dinner Institute was held at Salisbury Restaurant to discuss the North Shore Model. The program included round-table discussion regarding the development and support of other alternative models.

As a direct result of this Dinner Institute, the following hospitals and schools are now actively engaged in developing their own hospital-school programs

A. Mr. G. Bretton, the Acting Superintendent of the Plainedge district is establishing a liaison with the Brunswich Hospital in Amityville. Mrs. Doris Dolley has already met with Mr. Bretton and members of the hospital to outline plans for further development of this program.

B. The BOCES Regional Coordinator of Health Education in Suffolk County is making plans with the administration of Brookhaven Hospital to create a program of cooperation between this hospital and surrounding school districts.

C. Six school districts on the south shore of Nassau County are planning to establish a liaison program with Franklin General Hospital of Franklin Square.

Project SUCCESS

Project SUCCESS, or the "Berkeley Project," is a program that aims at improving the instructional level of health education in elementary schools with emphasis on a system of classroom management which includes the use of learning centers.

The project was initiated in New York State during the summer of 1972, and has been enthusiastically received by health educators throughout the State, including Nassau County. For a school district to become involved, they are required to have a five member team (including a building principal) trained during a two-week full-time summer training program.

In New York State, Project SUCCESS is being funded by the State Education Department Division of Drug and Health Education and Services. As regional representatives of the Division, the Regional Health Education Coordinators of Nassau BOCES contacted all of the 56 school districts in our County, from which eight schools were selected to participate in the training during July, 1974. In addition, we are providing the facility in which the training will take place, and are working with the training team in planning the training session

The program not only teaches good health concepts (especially those related to drug and substance abuse) in an exciting and stimulating way, but helps youngsters learn to make wise decisions about matters affecting their health. Furthermore, all of the units are specifically correlated with other subjects in the curriculum such as art, music, mathematics, ecology, physical education, science, social studies, and basic language skills. Perhaps most important of all, preliminary studies show lower smoking rates among youngsters that have participated in the program!

Mental Health Education through T. V.

"Room To Grow" is a series of 26 television programs being developed through the joint efforts of BOCES early childhood and curriculum specialists, educational consultants, and the Regional Coordinators of Drug and Health Education, through funding provided in part by the SED Division of Drug and Health Education and Services.

The overall goal of the T. V. series is to teach parents the basic mental health concepts essential to effective "parenting," and the techniques that can be used to implement these concepts in the rearing of their children. The series emphasizes the need for parents to assist their pre-schoolers in developing feelings of self-esteem. In a very real sense, the series aims at helping parents raise children who will have no need to seek euphoria through the abuse of substances.

Communication

To facilitate the exchange and sharing of information within regions and among regions in the State of New York, we have developed a monthly newsletter, THE FORUM, copies of which are being sent to every health educator in Nassau County's 56 school districts, as well as to many other health oriented public and private agencies. A copy of THE FORUM is enclosed for your inspection.

Teacher Learning Center

Presently, we are planning for the creation of a Teacher Learning Center (TLC). This will be a facility at which teachers, students, counselors, and other individuals who work with young people (or their peers) can learn group dynamics concepts, and develop and practice the skills and techniques necessary for effective communication, group interaction, counseling, and other activities aimed at drug abuse prevention. Many of the skills that will be developed at our TLC will be the seme as those being employed so effectively in New York City's SPARK Program.

Planning Councils and Community Organizations

Among the on-going planning councils, task forces and community agencies that we are members of and/or cooperate with are the Long Island Interagency Council on Critical Health Problems, the Nassau County Community Medical Services Committee, the Nassau County School Health Council, the Parent-Teacher Associations, the School Health Education Advisory Council, the Hospital-School Liaison Committee, and others. We work with these groups in assessing the health needs of our region, and in planning for solutions to these problems.

For example, we have planned a Luncheon Institute for March 12, 1974, to which several hundred members of our County's PTA's have been invited. The purpose of the Institute is to demonstrate to parents some of the exemplary health and drug education programs that have received SED funding through the Regional Coordinators at BOCES. During this Institute, we also hope to stimulate dialogue between parents and ourselves, so that we can include the parents of the young people we serve in the planning of future health and drug education programs and activities.

Most important, our plans are to continue to expand the exemplary programs, to assist districts in maintaining model programs, and to disseminate those programs which are effective in preventing substance abuse. We want to initiate creative community-school programs which will be just as effective as SPARK, but we need financial support. Thank you for proposing legislature which would assist us in our efforts.

Please visit our region if you can find time in what must be a seriously overcrowded schedule--we feel there are now oases of success which we would like you to view.

Doris T. Dolley, M.S.P.H.
Regional Coordinator of Drug
and Health Education

Erwin Krause
Assistant Regional Coordinator of
Drug and Health Education

DTD/EK:dvg

BOARD OF EDUCATION
THE CITY OF NEW YORK
BUREAU FOR HEALTH AND PHYSICAL EDUCATION
300 WEST 43RD STREET
NEW YORK, N. Y. 10036

IRWIN TOBIN
DIRECTOR

TELEPHONE 265-8399

February 26, 1974

REC'D MAR 4 1974

Honorable Senator Jacob K. Javits
United States Senate
Washington, D.C. 20510

Dear Senator Javits:

I, along with my staff members at the Bureau for Health and Physical Education applaud and strongly encourage your efforts on behalf of ongoing comprehensive educational programs through the "Alcoholism and Drug Abuse Education Act of 1974" (S.2848).

We further commend you for focusing such programs on prevention through education -- approaches which attempt to guide young people in making positive decisions affecting their own lives and that of their communities.

I am also pleased to enclose a copy of a teachers manual for an in-service television program currently in use in our New York City schools. You may note that the thrust of this series is on affective or humanistic approaches to alcohol and drug abuse education.

Please call on us if we can be of any assistance to your office on these educational programs.

Sincerely,

IRWIN TOBIN
Director

Enclosure: "Reaching Out: A Humanistic Approach
to Drug Education"

IT:MW:ds

TEACHERS MANUAL FOR IN-SERVICE TELEVISION PROGRAM

Reaching Out

A humanistic approach to drug education

A NEW YORK CITY
BOARD OF EDUCATION
PRODUCTION
CHANNEL 25 WNYE-TV
IN CONJUNCTION WITH
BUREAU FOR HEALTH &
PHYSICAL EDUCATION

TEACHERS MANUAL FOR IN-SERVICE PROGRAM

REACHING OUT

A HUMANISTIC APPROACH TO DRUG EDUCATION

A NEW YORK CITY
BOARD OF EDUCATION
PRODUCTION
CHANNEL 25 WNYE - TV

IN CONJUNCTION WITH

BUREAU FOR HEALTH AND
PHYSICAL EDUCATION

ACKNOWLEDGMENTS

This in-service television training course for teachers is the result of a cooperative undertaking involving the Bureau for Health & Physical Education, Irwin Tobin, Director, and the Bureau of Educational Radio and Television, Cecil Suffern, Acting Director.

The programs were produced and telecast through the facilities of Channel 25, WNYE T.V., 112 Tillary Street, Brooklyn, N.Y. 11201, Dr. Florence Monroe, Assistant Administrative Director; Mr. Jerome Silverstein, Production Supervisor.

It is doubtful that the telecasts would have been possible without Ruth Myers, officially the associate producer. Unofficially, Mrs. Myers was devil's advocate, friend, organizer, trouble shooter, worrier, encourager or what all of us hope to be—a master teacher, a beautiful human being.

Thanks to the many guests, students, teachers and others who contributed so heavily in time, effort and expertise.

Thanks particularly to all the special, wonderful, warm members of the staff of Channel 25—the experienced teacher broadcasters who were always willing to devote time by sharing thoughts, presenting ideas—and listening—listening, listening-and who made a "stranger" feel welcome in a strange land. Thanks too, to the crew—the cameramen, stage manager, engineers who were always the professionals. And thanks to the rest of the staff——secretaries, artists, film editors... Each made it a joy to be a part of WNYE T.V.

The telecasts were written, produced and broadcast by Stan Breite. The manual was written and prepared by Stan Breite.

PREFACE

To date, it is doubtful that any individual or group with any significant experience in the field of drug and substance abuse will acknowledge that a true prevention approach has been formulated. The major concentrations of attack have been in the fields of recognition, rehabilitation and cognitive education. Where, then, should the emphasis on a new series be placed? First and foremost was the audience. For whom was the series being prepared? The classroom teacher! What could the classroom teacher, the non-specialist, the 3,4,5 period a day teacher of any and all subjects contribute? Not what he could learn about drugs, the law, the dimensions of the problem, the nature of addiction, withdrawal, etc. But, how could prevention be transmitted into the classroom, to every student, through every teacher?

Facts? We're already receiving the backlash of students whose comments are "drugs again...we've had it up to our ears". We are learning as well, that cognitive education, just as fear or scare tactics, does not necessarily prevent drug abuse. Indeed, studies are now becoming available which indicate that information alone may lead to greater experimentation. Cognitive teaching should take place in school, but in the correct setting and context, as part of a deeper and broader perspective.

Recognition? Perhaps this would best be discussed in the workshops. The teacher simply has to understand that any behavioral pattern changes in the student is suspect. Each school should have its own procedures for following up on such unusual behavior. But it should be understood that simply informing the proper authority does not end the responsibility of the teacher, who is "in loco parentis". The student is yours. The teacher must see that action is indeed taken.

Rehabilitation? Certainly not the role of the classroom teacher. The serious experimenter, or the addict, or just any severely disturbed acting out child should be counseled by the expert. And, in general, the addict and the dropout, or non-attender, are one and the same. The teacher has neither the time nor the expertise to devote to rehabilitation.

We could have gone the route of educating the teacher through the various experts: the lawmaker and enforcer experts; the pharmacological experts, the former "tell it like it is" addict experts. And you, the teacher, would then be better informed about the dimensions and the destructiveness of the problem, how to spot the abuser, the various, ever changing drugs used and abused, and the law. And now you would possibly impress your class with this information and knowledge (if the occasion ever arose). And....and....and, so what? Could you really use this learning in the classroom? This is not to say that you should not be informed. This information is significant and important and available in many of the texts listed in the bibliography. But in and of itself, there is little that is transferable in the classroom of the non-specialist and the non-health educator.

What then is left? An approach, a concept that deals with the whole child. In addition to information, we must begin to deal with the feelings of our students. It is here that education has been most neglectful. For our youth knows the drug scene better than we do. He has friends and acquaintances who have used and abused drugs. He knows of drug involved overdoses, of strung-out peers, and may even have witnessed death among his friends. He has experienced and witnessed what many of us have not. And yet, he still may use and abuse, for his attitude is "not me", or he is pressured by peers, or he wishes to escape at any cost, etc.

The only available role for each of us is to better comprehend the nature of each of our students and to learn to develop a relationship with each of them. For a child will learn maximally only when there is a positive relationship developed between him and the teacher, and perhaps not at all if there is no common bond. We must teach our students both the practical and the personal aspects of living. It is the student who has the problem and thus succumbs to drugs; the emphasis should be on the student, and not the drug.

Thus the majority of broadcasts deal with affective education, the education of affects or feelings and emotions. The teacher must begin to focus his attention on the human problems which are the root causes of drug abuse.

We searched schools and districts for teachers who were teaching in this manner. We searched rehabilitation centers, explored what was working for them and decided that many facets of their programs could be adapted to the classroom. There are major concepts recognizable in good classrooms and good rehabilitation centers. What can we use? Certainly communication, structure, responsibility, image-building, relationships, feelings, expectations, problem solving, problem avoidance. Sound familiar? Of course! Teachers have always been aware of these key words and concepts. In the series we simply have attempted to structure and demonstrate some of the techniques used to develop the objectives that these words suggest. We have tried to bring value issues into the classroom. Will this approach work? Who knows? The concept is another dimension, a necessary one that all teachers can and should utilize: not just the experts. What we do know is that we must develop an individual to his total capacity so that he need not drop out of society, but can learn to cope with his problems, to enjoy himself without drugs, to communicate, to accept responsibility, to feel worthy, to deal with the problems of peer pressure, to prevent the horror of boredom....to cope with real freedom, to create an environment conducive to individual growth and development without drugs. Easy? Hardly! Worthwhile? Certainly!

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REACHING OUT

SESSION #1 - WHAT DO WE DO?

The first segment of this series explores the drug and substance abuse dilemma by posing three basic questions to a variety of people: students, teachers, parents, community, experts, etc.

1. Where are we?
2. How did we get there?
3. What do we do?

After presenting the enormous problems that still exist in this area, the broadcast concludes on a more optimistic note.

GUESTS — John Francesconi, Acting Assistant Principal of Instruction,
George Washington High School
Arnold Koppel, Teacher, Brooklyn Automotive High School
Margaret Mack, Teacher, George Washington High School
Wendy Schun, Teacher, Christopher Columbus High School
Students, Public School, Jr. H.S. 104 Manhattan
Students, George Washington High School

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. What is your awareness of the scope of the problem within the environment of your school and your school community?
2. Discuss the causes from your point of view. Do they vary from school to school? From community to community? Are they the same for all ethnic groups? For all economic groups?
3. What should be the role of the teacher in:
   - 3.1 Recognition and follow-up?
   - 3.2 Rehabilitation?
   - 3.3 Preventive education?
4. What responsibility does the teacher have to the acting-out child? The parents? The school community?

5. What would you, the teachers, like to derive from this course? What are you willing to contribute?

6. Define: use, misuse and abuse.

The nature of the questions posed should result in a variety of responses - and the course instructor should be prepared to allow and to encourage teachers to express their feelings, their thoughts, regardless of merit at this time. This telecast is created to stimulate discussion, to illuminate problems, not necessarily to offer simple answers or solutions, since there really are not any. The teachers should be encouraged to make notations of their thoughts at this first session - and to compare them with the thoughts expressed in the last session.

SUGGESTED REFERENCES:

A Guide To Drug Abuse Education & Information Materials, National Institute of Mental Health, Washington, D.C.

Gorodetsky and Christian, What You Should Know About Drugs, Harcourt, Brace, Jovanovitch Inc., New York, 1970

Lingeman, R. R., Drugs From A To Z: A Dictionary, McGraw Hill, Inc., New York, 1969

Louria, Donald B., Overcoming Drugs: A Program For Action, McGraw Hill, Inc, 1971

Marin, Peter and Cohen, Allen Y., Understanding Drug Use: An Adult's Guide To Drugs And The Young, Harper & Row, New York, 1971

Sutton, Horace, Drugs: Ten Years To Doomsday, (an article), Saturday Review Magazine, pp. 18-21

Thomas, J. R. H., Drug Use Among Children In Metropolitan New York And The Public Response: A Preliminary Report, Institute For Child Mental Health, New York, 1972

REACHING OUT

SESSION #2 - THE HIGH SCHOOL PROGRAM

The high school prevention program is explored through an interview with four specialists from School Prevention of Addiction through Rehabilitation and Knowledge (SPARK) and the PEER Group Prevention Program. Each high school has a SPARK Drug Education Specialist and fourteen high schools have Peer Group Programs. Different approaches are viewed and discussed. The purpose of the telecast is simply to make the viewers aware of the programs available and to invite comparisons and to promote comments.

GUESTS — Eva Barksdale, Drug Education Specialist,
Benjamin Franklin High School
Jim Anderson, Drug Education Specialist,
Adlai Stevenson High School
Alex Levy, Peer Group Prevention Program,
George Washington High School
Jerry Sloane, Peer Group Prevention Program,
Springfield Gardens High School

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. What has been your experience with drug prevention specialists in your school? What is your awareness of the program?

2. Compare programs in your school with those mentioned on the telecast.

3. How can you become involved with what the specialists are doing?

4. What is your reaction to the pertinent comments made by the drug specialists in this telecast?

5. How does the high school program differ from the junior high school? The elementary school?

6. Discuss the roles of the Drug Intervention Teams and of the Instructor of Addiction. How have they functioned in your school?

7. What is your reaction to the use of peers for prevention?

SUGGESTED REFERENCES:

Imhof, John E., Drug Education For Teachers and Parents, William H. Sadlier, Inc., New York, 1970

Teaching About Drugs, A Curriculum Guide: K-12, American School Health Association, Kent, Ohio, and Pharmaceutical Manufacturers Association, Washington,D.C., 1970

Lingerlieds, Thomas J., & Bowen, Haskell L., Drug Abuse And The Schools, American Journal of Psychiatry, vol. 125, June 1969

REACHING OUT

SESSION #3 - THE COMMUNITY SCHOOLS

Three district's prevention programs are explored through interviews with its Directors. The focus varies with the district. Each of the programs is funded by NACC through New York City A.S.A. (Addiction Services Agency) to the school districts. Funds are provided through grants received as a result of proposals written. The programs have been financed since 1971. Each district operates independently and is supervised by A.S.A.

GUESTS: Steve Kaplan, Assistant Director, Drug Prevention Programs, District 18
Veronica Powell, Director, Drug Prevention Program, District 6
Hank Whitney, Director, Drug Prevention Program, District 5

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. What is the program in your district? Your school?
2. What is your reaction to the use of former addicts as specialists?
3. How do the community programs compare with the high school programs?
4. How have the specialists made you aware of this program? How should they? How can you inform them of your needs?
5. What is your reaction to the "humanistic" approach? What can you do in your classroom in this area?
6. What role do you assume when the specialist, "takes over" your class? What should the teacher do?
7. In what way can the district schools and the high schools better coordinate programs?

SUGGESTED RESOURCES

Addiction Services Agency of New York City
New York State Narcotics Addiction Control Commission

REACHING OUT

SESSION #4 - MARVIN

The humanistic approach (affective education) is developed through a "Marvin" story in a classroom setting. The teacher uses "Marvin" to allow her students to express their feelings. Since there are no right answers, the students feel free to respond. They are not threatened with the possibilities of failure, rejection or ridicule for a "wrong" answer.

GUESTS: Rita Myer, teacher, Public School 208 Brooklyn
Students, Public School 208 Brooklyn

CONSULTANT: Steve Kaplan, Assistant Director, Drug Prevention Program, District 18

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. The student should be the focus of our attention, not the drugs.
2. Discuss (for the first of perhaps a few sessions): What does this approach have to do with drug prevention?
3. What is "affective education"? Should the teaching about feelings be part of a teacher's responsibility? React to the statement by Miss Myer that dealing with feelings is an integral aspect of teaching in any subject area.
4. How may teachers use the affective approach in the classroom without "Marvin"?
5. How much direction should a teacher give this type of lesson? How would you conduct such a lesson? How does this non-judgemental approach affect the discussion? Were the aims of the lesson achieved?
6. Explore some of the directions the lesson could have taken:
   6.1 What do people do to relieve and avoid tension and nervousness?
   6.2 Why do good habits embarrass others? What does it mean to be self-righteous?
   6.3 How can a good or harmless habit become one that is considered bad?
   6.4 How can one break a habit? Share experiences of habit breaking.

SUGGESTED REFERENCES:

Glasser, William, Schools Without Failure, Harper & Row, N.Y., 1969

Heath, D. H., Humanizing Schools: New Directions, New Decisions, Hayden Book Company, New York, 1971

Drug Abuse Prevention-Primary Grades, (District 18), Board of Education, New York City, February, 1973

REACHING OUT

SESSION #5 - ALTERNATIVE PROGRAMS & MARIJUANA

Two different areas are explored in this program. The first part raises the question of marijuana use through several high school students who express their feelings and thoughts. The second portion explores one of the many alternative schools currently in operation in New York City. Some are under the aegis of community school districts and others are attached to specific high schools. Many of these alternative schools have had success with acting-out students and with drug prevention. Our purpose is to determine why.

GUESTS: Joan Finton, Coordinator, George Washington Prep
Pat Patterson, Street Worker In Charge, George Washington Prep
Student, George Washington High School & George Washington Prep

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. Discuss the Marijuana scene in your respective school. Where possible, the teachers should consult with the DES or Peer Group Leader of the school. What is your feeling about its use? What is your feeling about teenagers using marijuana?
2. React to the statements made by the students that:
    - 2.1 "Parents might say he's a junkie and not want him."
    - 2.2 ".... don't tell the parents!" (Referring to the role of the school).
    - 2.3 "If you're 18 you do almost anything you please. If you are not, you need guidance."
3. The students unanimously agreed that marijuana does not belong in the school. What should the school do to users, user-pushers, dealers?
4. A student expressed the opinion that more severe penalties would result in less pot use. React!

5. Alternative schools have been relatively more successful in dealing with drug abuse. Why? What do the alternative schools do that is worthy of transfer to the regular schools?
6. Street workers play an integral role in the alternative schools. How can they be used in the regular schools?
7. React to the statement that, "the drugs are incidental....and that it is upon our youth that we must focus our attention; his thoughts, his feelings, his emotions, his fears, his pride, his aspirations...."

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REACHING OUT

SESSION #6 - GROUP DYNAMICS IN THE CLASSROOM

Listening, arguing, discussing are essentials for intellectual growth and for humanizing people. This telecast demonstrates how a teacher effectively teaches through the use of group dynamics in her regular high school classes. The outcomes are both obvious and subtle. We see communication in its finest sense. Peer pressure is evidenced. Students feel, touch, fear and derive pleasure. We witness structure, responsibility, image building, social growth, cognitive learning...and there is joy in the classroom. And how does one evaluate what took place while the students were waiting to screen their telecast? Upon entering the room forty minutes after the students had completed their studio stint, they were still discussing Pygmalion.

GUESTS: Ruth Field, Teacher, William H. Taft High School

Students, William H. Taft High School

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. Divide the class as did Mrs. Field and play a game. Have the class react.
2. Should games be used in the classroom as a "warm up"? React.
3. Divide the class into groups to discuss the telecast and its implications for teacher use. What advantages/disadvantages were developed as a result of having smaller groups?
4. Discuss the possibility of beginning the next and future sessions with a game.
5. Encourage the class to attempt the group technique in at least one class period in the coming week. Be prepared to report results.
6. React to the statements by Stan Breite that:
    6.1 "One of the foundations upon which prevention and rehabilitation is built is communication." How can the classroom teacher provide for more communication?

6.2 ".... all the elements of drug prevention are evidenced: peer pressure, self-worth, responsibility, structure.... and still there is cognitive learning."

SUGGESTED REFERENCES:

1. Taths, Louis E., and others, Values and Teaching, E. E. Merrill Co., Columbus, Ohio, 1966.
2. Erikson, Erik H., Identity: Youth and Crisis, W. W. Morton and Company, New York, 1968.
3. Friedman, Saul and Maralyn, For Kids and Other People Who Care, Holt, Rinehart and Winston, 1972.

REACHING OUT

SESSION #7 - FOR KIDS & OTHER PEOPLE WHO CARE

This telecast demonstrates the use of affective education through the medium of a lesson from the book, "For Kids & Other People Who Care." An enlargement of one of the drawings from the book is used to stimulate students to express their personal feelings. The teacher encourages students to offer the thoughts and feelings evoked by the drawing. Since there are no right answers, students feel free to communicate without fear of being wrong. It is noteworthy how many different directions can be taken, should the teacher so desire.

GUESTS: Delores Chavious, Teacher, I.S. 162 Bronx
Students, I.S. 162 Bronx
Saul Friedman, Professor, City College of New York, author of "For Kids & Other People Who Care."

SUGGESTIONS FOR WORKSHOP DISCUSSION

1. Using one of Dr. Friedman's pictures, have the class react. If the book is unavailable, use any stimulating picture or drawing.
2. How can experiences and reflection about them help students to grow?
3. How does this approach assist students in coping with their problems?
4. If teachers attempted to use group techniques within their own classroom during the previous week, discuss the results.
5. How could the direction of the lesson have been changed? Should this have been done?
6. React to the Fleishman Report of statistics that refer to 45% experimentation in the High School and 25% in the Junior High School. How does this compare with your observations in your school?
7. React to some of the comments made by the students, or how you might react in school:

7.1 "People are different. He may not be able to cope with them."

7.2 "Gangs are there. He may hate this block."

7.3 "He's afraid of what they may do to him."

7.4 "Maybe he don't have as good clothes and is afraid to go out."

7.5 "He might have a different personality. They might do things that are different."

7.6 "At 13, some are already taking drugs, others are not even thinking about it. Everybody is different."

7.7 "One of the main things is dope. It's one of the biggest fears."

7.8 "Friends are taking it so they call you names. You want to be in the group so you start taking it."

7.9 "He might be thinking bad things."

8. React to the statement by Dr. Friedman that the non-verbal student, the non-reader can perceive. He can talk without being an expert.

9. Mrs. Chavious, in answer to the question, "What does this have to do with drugs?" responded: "In order to escape their problems they can share their experiences....once they say this it builds their image.... once you can face it you don't have to use." React.

REACHING OUT

SESSION #8 - DRUG PREVENTION: HUMANISTIC, AFFECTIVE

Today's telecast shows what two districts have formulated as their programs of drug abuse prevention. Both demonstrators are counselors. Both work out of the district office with one assigned to the Drug Prevention Program and the other assigned to Guidance. One takes advantage of the teacher in the class. Each, however, agrees that ultimately the classroom teacher should "take over", for it will only be then, that all students will be reached. Group techniques are utilized, including the playing of a familiar game in order to "relax" the students. Notice the ease with which the students begin to express their thoughts and feelings.

GUESTS: Judy Schwartz, Guidance Counselor, District #30, Assigned to the District Drug Prevention Program.
Sidney Goldfarb, Assistant Director of Guidance, District #8.
Henry Mazer, Teacher, Public School 232, Bronx.
Students, Public School 171, Queens.
Students, Public School 232, Bronx.

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. How can the classroom teacher, utilizing the telecast techniques, transfer techniques to his classroom in any subject area?
2. Why should relationships, (teacher-student, student-student, student-teacher), be so significant in the classroom? How does this affect learning?
3. What is meant by value judgment? Decision-making? Why is it important to bring these two factors into the classroom? How can we introduce decision-making into the classroom?
4. How can the classroom teacher help students learn to solve or cope with personal problems?
5. React to the techniques employed by the counselors. Should the teacher be expected to participate? Should the teacher ultimately employ these techniques? How?

6. Again, it is recommended that the instructor of the class attempt to adopt some of the techniques demonstrated for at least part of the session. It may be feasible for different teachers participating in the course, to take turns at leading the remainder of the group in some of the procedures.

7. React to the statement by Stan Breite: "Yes! There should be rehabilitation, but for us, the teachers, let's keep the healthy, healthy!"

SUGGESTED REFERENCES

Maslow, Abraham, Towards A Psychology Of Being, 2nd edition, 1968, Princeton, New Jersey, 1968.

Rogers, Carl, and Stevens, Barry, Person To Person: The Problem Of Being Human, Real People Press, Lafayette, California, 1967.

REACHING OUT

SESSION #9 - AFFECTIVE EDUCATION - TEACHER INITIATIVE

Today, we witness a teacher using his own devices to teach a lesson in Health. The demonstration shows a unit being introduced, but the technique need not be limited to this purpose. Any teacher, in any subject area, can use the same approach to get student reaction. It simply requires what all teachers have always had....initiative and imagination. The teacher may be active or passive in his participation. He can actively direct the lesson or he may choose to simply redirect question and answers. The role depends upon the purpose. The teacher may also choose to use the same concept but then divide the class into discussion groups.

GUESTS: John Francesconi, Assistant Principal of Instruction (Act.),
George Washington High School
Students, George Washington High School

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. Allow time for teachers participating in the class to report on experiences and perceptions that they have had since the last session. It is a procedure that could be utilized weekly.
2. The instructor may also make use of "games" or group techniques during some part of the session. It is recommended that techniques attempted in the telecast be utilized wherever feasible.
3. React to the use of the techniques used in the telecast. How can you use this in your own classroom?
4. This technique is primarily experiential and inductive, as opposed to abstract and deductive. What are some of the advantages/disadvantages?
5. React to some of the comments made by the students. (Teacher should take notes of the telecast for reference to in the class session.)
6. React to the manner in which the teacher directed the lesson.

SUGGESTED REFERENCES:

Bruner, Jerome, (Ed.), Learning About Learning, Office of Education, Washington, D.C., DE-12019, 1966.

Borton, Terry, What Turns Kids On? (Article), Saturday Review, April 15, 1967, pp. 72-74.

Miel, A. (Ed.), Creativity In Teaching: Invitations And Instances, Wadsworth Publishing Company, San Francisco, California, 1961.

REACHING OUT

SESSION #10 - AFFECTIVE EDUCATION - LONELINESS

Making use of a silent French film, a fifth grade classroom teacher explores the reaction of her students to the theme of loneliness. What evolves is an honest, frank expression of thoughts and feelings. The students often vary from expressing what they view as the feeling of the central character in the film with the feelings that they themselves feel. The teacher in the telecast simply asks questions and receives a multitude of answers. There is no deep probing and searching. The nature of the comments, is evidence of that essential first step necessary to achieve results in the classroom, an inter-acting relationship between teacher - student.

GUESTS: Dorothy Parker, Teacher, Public School 7-8, Brooklyn
Students, Public School 7-8 Brooklyn

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. Assuming that you were the teacher of the class, how would you utilise the film - from motivation through summary - or lesson?
2. How would you have reacted to the following statements by the students:
    - 1.1 "He wants someone to like him because he is so lonely."
    - 1.2 "He's without friends, has no one to talk to, so he don't feel good."
    - 1.3 "Something's going to happen, there's no one to protect you."
    - 1.4 "Your friends left you because you are not good enough for them."
    - 1.5 "Nobody wants to listen."
    - 1.6 "You go home and nobody's there - you play solitaire."
    - 1.7 "There are older kids around the corner - you think they're your friends - but it might lead to disaster."
    - 1.8 "You feel not wanted."
    - 1.9 "Sometimes I watch TV and pretend that the guy likes me."

3. How can the teacher of English, Social Studies, etc., integrate the teachin~ of subject matter with this method of approach?
4. How would you follow up on this lesson?
5. React to the technique of using the film and then dividing the class into small groups for discussion.

SUGGESTED REFERENCES:

Leeper, Robert R., ed. Humanizing Education: The Person in Process, Association For Supervision & Curriculum Development, N.E.A., D.C.

Jenkins, Gladys, Schacter, Bauer, William, These Are Your Children, 3rd ed., Scott, Foresman & Co., Glenview, Illinois, 1966.

REACHING OUT

SESSION #11 - IMAGE BUILDING

Today's telecast explores 2 approaches being utilized by 2 teachers for the development of self-worth. The first segment uses the relatively simple concept of building one's body for the purpose of developing confidence and self-esteem through a greater appreciation of one's physical appearance.

The second segment utilizes another method of physical activity....Movement Education for the same basic purpose. The student becomes aware of his own body, the subtlety of body movement, individual interpretations and independence, etc. All lead to the fostering of one's self-image and the strengths derived thereof. It is significant to note that the teacher is not licensed in Health or Physical Education.

GUESTS: Bob Boshnack, Teacher Social Studies Intermediate School 8, Queens
Barbara Ashkanazi, Teacher, Public School 76, Queens
Claudia DiSalvo, Coordinator of Physical Education, District 30.

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. React to the comments by Mr. Boshnack regarding "ego bombardment."
    1.1 ....to the student's comments.
2. How might a teacher "ego bombard" in his own classroom?
3. How does the development of ego relate to drug prevention?
4. What are your thoughts and feelings about Movement Education?
5. How might it be utilized on other levels?
6. How does Movement Education allow for individual expression? For independent thought?
7. How does Movement Education help to develop self-esteem?
8. React to the comments made by Ms. Ashkanazi and DiSalvo.

REACHING OUT

SESSION #12 - SPARK & PEER GROUP

A Drug Education Specialist from SPARK, (School Prevention of Addiction Through Rehabilitation and Knowledge), and a student PEER Group Leader demonstrates approaches that they would use in the high school prevention program. One demonstrates "rapping" by simply sitting down with a group of students in the cafeteria. The other demonstrates role-playing, followed by "rapping". These techniques are used for the purpose of opening channels of communication....to express and share, feelings, thoughts and emotions. It is significant to note how Ambus redirected the students when they moved off the topic.

GUESTS: Manny Teitch, Drug Education Specialist, (SPARK), George Washington Vocational & Technical High School.

Ambus Bailey, Student Peer Group Leader, George Washington Vocational & Technical High School

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. Select a topic for role-play within the class. Try. React!
2. React to the idea of teachers sitting with students in the students' cafeteria and "rapping".
3. What are the techniques and procedures used by the specialists in your school? What do you think they should do? How can they assist you in your development? In your everyday teaching?
4. React. Most drug specialists "take over" in the school setting. More of their time should be devoted to teaching teachers what to do in the classroom.
5. React to the use of student to help prevent drug abuse. Teachers with Peer Group Programs should report their observations of the program. What guidelines would you set for peer leaders?

6. React to the student's comment that pot is no more harmful than cigarettes or alcohol.
7. React to the comment "that the only time you think about it is when you rap about it." (Reference to cigarettes, but any drug can be substituted.)
8. React to the comment that "parents should come on strong". It shows they care....they're disappointed....a slap on the hand won't do no good." (In discovering drug abuse.)
9. React to the comment by Ambus Bailey that peer groups allow "for learning values from their own peers."

SUGGESTED REFERENCES

1. SPARK 110 Livingston Street, Brooklyn, New York, 11201
2. PEER GROUP 110 Livingston Street, Brooklyn, New York, 11201

REACHING OUT

SESSION #13 - ALCOHOL ABUSE

Using the students and the attitudes that they expressed about alcohol on a previous telecast as a motivation, Alan and Sue conduct an informal "rap" session. Alcohol use, misuse, misconceptions and misinformation are explored. The shock evidenced by the students when Sue admits that she is an alcoholic is indicative of the lack of understanding of the alcohol abuse problem. Only recently have we really begun to comprehend the magnitude of the problem. Only recently have we begun to recognize that alcohol, in combination with other drugs in order to develop a synergistic reaction, has become THE drug of abuse of our school youth.

GUESTS: Alan Herzlin, Administrator, Freeport Hospital, New York

"Sue", an alcoholic

Students, George Westinghouse Vocational & Technical High School

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. Marijuana and alcohol are often placed in opposition when the question of legalization is discussed. React.
2. There are approximately 12,000,000 alcoholics in the United States. What should be the role of the classroom teacher in dealing with the problem?
3. React to the statement that "the drug is not the problem.... it is the individual who abuses the drug".
4. Discuss the role of Alcoholics Anonymous. What are the differences in treatment between the drug and alcohol rehabilitation centers?
5. React to the differences in public posture towards alcohol and drug abusers.
6. Assuming that beverage alcohol had just been developed by the pharmaceutical industry, what might be the reaction of society today? How would it be controlled? Should it be controlled?

SUGGESTED REFERENCES:

Alcohol, Use - Non-use and Abuse, Carrol, Charles R., Wm. C. Brown Co., Dubuque, Iowa, 1972.

Drinking Among Teenagers: A Social Interpretation of Alcohol Use By High School Students, Maddox, George L. & McCall, B.C., Rutgers Center of Alcohol Studies, New Brunswick, New Jersey, 1964.

Thinking About Drinking, U.S. Department of Health Education & Welfare, Public Health Service Publication # 1683, Washington, D.C., 1968.

REACHING OUT

SESSION #14 - AFFECTIVE EDUCATION - HART ISLAND

A visit to a school in a therapeutic community is the subject of the final telecast. Phoenix House, on Hart Island, is explored for the purpose of determining what it is that works to rehabilitate students who can be transferred to a regular classroom to prevent drug abuse. The program summarizes the essentials of what all of us in the classroom should be attempting to achieve.

SUGGESTIONS FOR WORKSHOP DISCUSSION:

1. A therapeutic community generally has an extremely rigid structure. Should a school community establish similar standards of structure and responsibility? Why/why not?
2. React to the comment that "in man, pride, self-concept, dignity, are perhaps the most powerful of human needs". How can these be developed in the classroom?
3. React to the differences in teaching techniques employed by the Phoenix House staff. How are they different/same from those used by the teachers in the seminar?
4. From what you have perceived and heard, what do you think may be the reasons for their successes?
5. React to some of the comments made by Mel, the supervisor of the cafeteria. He speaks of dignity, pride in a job, of responsibility, of punishment, of support, of cleanliness and filth, of structure, etc.
6. React to some of the comments made by the teachers in their "rap" session about relationships, pupil, teacher, principal.
7. React to the comment that the only way that we, the teachers, can prevent drug abuse is through good teaching. Do you agree with the comments on what good teaching should be? Why/why not?

SUGGESTED REFERENCES

Phoenix House/Hart Island, Fordham Street, City Island, New York

Cluster, Room 407, 490 Hudson Street, New York, N.Y., 10014, Murray Hart,

Superintendent, Calvin Kaufman, Principal

MARCUS WHITMAN CENTRAL SCHOOL DISTRICT
JR. - SR. HIGH SCHOOL
Rushville, New York 14544
Phone 315-584-6441

District Principal
William VanLare

Ronald Davis, High School Principal
Henry McDougal, Jr. High Principal

March 4, 1974

MAR 6 1974

Senator Jacob K. Javits
United States Senate
Committee on Foreign Relations
Washington, D. C. 20510

Dear Honorable Jacob K. Javits:

I am a drug counselor in a Junior-Senior High School and would like to send a plus to you for your efforts in combating the Alcohol & Drug use in our society. I have read bill #S 2848 and agree with it wholeheartedly.

Sincerely,

Dean T. Duffy

Dean T. Duffy
Guidance Counselor

DTD/de

[redacted] FEB 23 1974 2#6

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Alvin L. [illegible]
Asst. Superintendent

Walter Goodman
Director
Curriculum Research

February 20, 1974

Honorable Senator Jacob Javits
Senate Office Building
Washington, D. C. 20515

Honorable Jacob Javits:

I have just seen a copy of the Congressional Record from December 21, 1973 in which you present your amendments to the Drug Abuse Education Act of 1970. I am most pleased that federal money is being spent in this important area. It is also good to read that alcohol abuse is now being considered alongside of drug abuse and not as some different unrelated problem.

Because of your interest in drug, alcohol, and health education, I thought you might be interested in hearing about some of the things that my office is doing along these lines. As Regional Health Coordinator for BOCES in Yorktown Heights, I am responsible for stimulating, coordinating, and improving the quality of health and drug education in the twenty-one school districts we serve in Northern Westchester and Putnam Counties. The target population for these component districts is 62,000 students and 3,500 teachers. I also work with some parochial schools, especially where the school nurse teacher is employed by the public school district.

My job entails: (1) providing a communication network among area health educators; (2) insuring the upgrading of health and drug education in area schools; (3) providing **feedback** to local teachers from the State Education Department; (4) coordinating the efforts of the Regional Health Council; (5) providing training workshops for building Drug and Health Coordinators; (6) developing peer training programs; (7) conducting and promoting inservice training for health-related personnel; (8) organizing a health and drug education instructional resource center that will improve teacher effectiveness through better techniques and materials; (9) and providing imput into national, state, and local health education organizations.

Besides workshops, conferences, and inservice programs, I communicate new materials and ideas to teachers through a newsletter published by this office. I have enclosed several back issues of Pulse Beats for your reference.

(Continued)

In our area this year, there are three excellent preventive drug education model programs. In Peekskill, there is a program in peer counseling where high school students are being trained to go down to the fifth grade and act as health education teachers. The high school students will be using specific games and toys to teach health and drug education ideas and principles.

In Yorktown, third grade teachers are using the national T.V. series, "Inside/Out" as an extension of their mental health and drug education program. At the end of this project, the third graders will be making two T.V. shows of their own. One will critique the shows they have seen, and one will be a creative story lesson following the style of the series.

In Lakeland, students and teachers are working on individualized learning packages in drugs education, safety and first-aid to be used for grades one through five. These will entail the use of student produced films, filmstrips, slides, movies, coloring books, etc.

This gives you just a quick look at the types of programs we are running. If you would like more details, please feel free to ask. Also, when money becomes available, please keep us informed on how we can apply for its use in Westchester and Putnam Counties.

It is my hope that this bill passes successfully.

Most sincerely,

Kenneth L. Packer
Regional Health Coordinator

KLP:m

Enclosure

[illegible]
[illegible] Yorktown Heights, N. Y. [illegible]
Telephone 245-2700
[illegible]

Career Education Programs Launched In Area Schools

The federally funded Career Education Project was launched in this area a year ago to help teachers incorporate career ed concepts into their teaching programs. It is operated under the aegis of this BOCES and BOCES II in southern Westchester, under the direction of Kirt Moore, whose office is in the School Services Building at the Yorktown campus. His assistant is Ann Callahan.

Career education is designed to prepare students for entry into successful employment or advanced studies. In full-scale operation, it includes 1) making the student aware of the range of career opportunities that are open to him, 2) giving him opportunities to explore those that appeal to him, and 3) giving him opportunities to acquire the skills he will need and/or prepare for the further education that will be required. The career education concept is infused into the existing curriculum. It is both a motivator and a goal, because when a subject is directed at the tangible goal of successful employment, students understand why the subject must be mastered.

A pilot program was launched in the Mahopac school district this year, where a corps of 24 elementary teachers is tapping community resources as a means of exposing youngsters to a variety of careers. A community resource booklet has been compiled and teachers are writing to the parents of their students, inviting them to become involved. Resources include area businesses and even hobbies of residents. An IBM-er, for example, whose hobby is refinishing furniture, has demonstrated his skill in Mahopac classrooms.

Mahopac High Guidance Counselor John Sberti and Ann Callahan

A major resource is the General Motors plant in Tarrytown, where 150 Mahopac second graders recently spent a day learning about a wide variety of jobs and the skills they require. Starting in February, four seniors and two juniors will spend two days a month getting hands-on experience at the plant as part of an exploratory seminar.

Introductory programs are also under way or in the planning stage in other local schools. Lovette Harper is inventorying career awareness in Ossining, where a career ed program is planned for seventh and eighth graders. In Garrison, Margery Friedlander, a guidance counselor, is working with students in grades six through eight. In North Salem, Robert Gordon has introduced a life careers game to his middle school classes. And Joan Salmon, a senior English teacher in Brewster, has developed a career education unit for her classes.

The career education movement is nationwide. Ohio and Oregon, which started sooner, now have statewide programs. In some places career education is citywide. Dallas, for example, has converted its vocational education program for slow students into career education for all students.

For additional information, call Kirt Moore or Ann Callahan at BOCES, 245-2700. They are ready to help individual teachers as well as school districts implement career education units or full-scale programs.

Assistant Principal Mel Fingerhut with third grader Billy Getchell.

Graflin School Has Its Own Museum A Rich Collection of Materials

The Graflin Elementary School in Chappaqua has its own museum, a marvelous collection of materials obtained from various museums and also contributed by parents and others in the community. With the exception of a few things paid for by the PTA, all articles have been obtained free of charge.

The museum, or "Primary Sources" as it is officially called, is located in a corner of the school library and serves as a rich resource for youngsters in grades kindergarten through five for not only social studies but creative writing, economics, science, ecology — practically any subject.

It was organized by Mrs. Mary Ellen Thrasher, principal, and Mel Fingerhut, assistant principal, who is in charge of the museum and is currently classifying materials and placing them in cardboard boxes so that teachers and/or students can easily find what they need and, if they wish, can take a box into the classroom. His special assistant is third grader Billy Getchell.

A few examples of the collection: A wool winder; a wooden implement used years ago for making roof shingles; a Colonial carpetsweeper; elephant tusks; one of the earliest typewriters; costumes from other lands; artifacts from Mexico, Africa and Colonial America; and an 1863 edition of a Wisconsin newspaper.

Students are encouraged to use and touch articles in the collection and to do research projects and writing assignments based on their exposure to the museum.

Somers H.S. Teachers Adapt Packets For English: Basics Stressed

Mrs. Charlotte Lawrence, chairman of the English department at Somers High School, and Mrs. Betty Thompson, teacher, have adapted, rearranged and edited English Language Study packets from Harcourt Brace Jovanovich workbooks for ninth, tenth and eleventh grade classes.

Each packet contains five-week segments of basic grammar, spelling, word usage and vocabulary. Work sheets and a separate post-test provide additional reinforcement. The two teachers set up the format and prepared the first two five-week programs for each grade over a six-week period last summer, and they are currently completing the series.

Classroom teachers use the packets in various ways. Some concentrate on materials 10 minutes a day; some use a full period a week; some have no pattern other than a completion date.

The packets mark a return of formal grammar instruction to the high school curriculum after an absence of 10 years, and are providing a relatively painless way to weave the fundamentals into the curriculum along with literature, composition and speech. Unit I this year was on composition. The packet included paragraphing, outlining, keeping a journal, etc.

The new program seems to fill a real need for the students, many of whom are filing the packets for reference even though they are consumable materials. The lessons offer concrete facts for which the students are held accountable to learn and the teachers to teach.

Teachers have had to make a time adjustment. They found students needed more drill on individual lessons than anticipated. So the year's timetable has been revised, and mid-year exams covered three rather than four packets as originally scheduled.

Another refinement has been the relabeling of packets to eliminate indications of grade levels to permit ungraded progress for each student.

Somers English teachers Mrs. Charlotte Lawrence, left, and Mrs. Betty Thompson

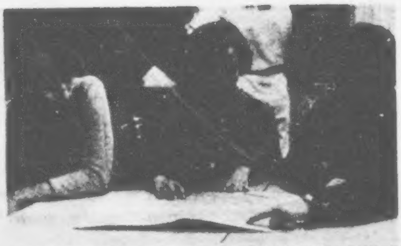
Trip For Lakeland, Panas Students: Success Due To Intensive Planning

Five Lakeland social studies teachers sat down together last July for the first of many, many meetings to plan extensively for a Washington trip for high school students that they hoped would be much more than a sightseeing tour. Their goal was to give students every possible opportunity to see their government in action in order to motivate them to exercise their obligations as citizens. As one teacher pointed out, these boys and girls will be eligible to vote in the next year or two.

The four-day Washington Conference, as it was called, took place last November. Teachers and students have given enthusiastic reports. As one student observed: "It would be great if all kids have the opportunity to learn the way we did. It makes you feel a part of our government, an important part."

Eighty-six high school students from Walter Panas and Lakeland High schools made the trip, accompanied by the five teachers and three parents. The key to the trip's success was planning, with every detail worked out well in advance. Students were able to meet with representatives from about 30 agencies and institutions of government, Congressmen, members of the Supreme Court, lobby groups, and the press. Most students participated fully in questioning officials about everything from the energy crisis to the impeachment issue. The group also did a great deal of sightseeing.

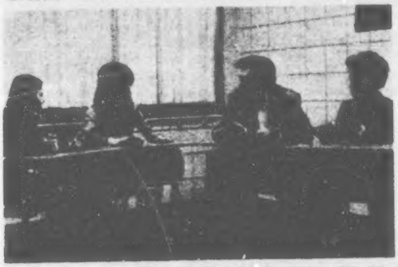
The basic cost per student was $90 which covered transportation, lodging, breakfasts and dinners. Each boy and girl was also asked to have an additional $20 or more to cover the costs of lunches and incidentals. The district paid only for the substitute teachers required in classrooms in the two high schools during the four days.



Lakeland teacher Mrs. Clarisse Gillerist with Chuck Babyn and Bernard Ronettone, students

Area teachers planning for similar educational trips may contact any one of the five Lakeland and Walter Panas teachers for additional information. They are: Roland O'Neal, chairman; Miss Pauline Callas and James McCarthy of Walter Panas High School; Mrs. Clarisse Gillerist and John Sarkisian of Lakeland High School. Others who made the trip were Mrs. Jean Micani and Mrs. Esperanza Wood, parents, and Mrs. Judy Makrauer, former Walter Panas High School teacher.

Health Services Coordinator Ken Packer Helps Districts Develop Programs Grants Obtained For Peekskill, Yorktown and Lakeland Health Ed Units



In Peekskill, Miss Shelly Gellman, second from left, Ken Packer, and two high school students.

With the aid of SED funding, BOCES this year hired Kenneth Packer as area health services coordinator. Working closely with his counterparts in each local district, he is helping schools develop model programs in health education, and has obtained SED grants to pay for program costs. He also teaches in-service courses to the Putnam and Northern Westchester health education specialists and other faculties involved in teaching health.

A former North Salem health coordinator, Ken Packer previously taught science in Rye and health in the White Plains school system. He is half way through his doctoral studies at NYU.

Among the projects to date this year through his office is the one in Peekskill where high school students teach health to fifth and sixth graders. What is unique about this program is the use of games and toys in the course which deals with such topics as alcohol and other drugs, tobacco, pollution, mental and physical health.

The 25 students who have signed up for the elective course are working under the supervision of Miss Shelly Gellman, a recent college graduate hired on a half-time basis with the aid of SED funding. The students' first task has been to research and catalogue existing materials for the course and to select those they feel will be most valuable. They also will create materials themselves.

The project is expected to be valuable to the high school students since they will be learning as they teach and to the elementary students who are often more responsive to the teaching of fellow students than to adults.

Another project is the use of the Channel 13 series on health, Inside/Out, by third graders in Yorktown. At the end of the 30-session TV series, the students will create two TV shows of their own. This will be feasible because of Yorktown's sophisticated TV studio in the Mildred E. Strang Middle School. The first show will be a 15-minute critique on the Inside/Out program; the second will be the children's version of a sequel to it. Mrs. Irene Andermann, Yorktown's health coordinator, is in charge of the project.

In Lakeland, under the direction of Carmine Centuori, students in grades one through four in all elementary schools are developing their own learning packages for health education and drug education. Each class is working on one segment of the package, to include films, records, tapes and other student-made materials.

Ken Packer is working to obtain a $10,000 grant in order to evaluate Computer-Based Resource Units (CBRU) in health education, developed by the SED and the Buffalo BOCES. These are to be tested in classrooms in Croton-Harmon and Irvington. A newly revised CBRU drug unit will be tested in Briarcliff, if a proposed $1,300 grant is obtained.

New In-Service Courses Offered To Area Teachers

"Exploring Human Nature", and "People in Technology" are two in-service courses to be offered this winter to area teachers.

"Exploring Human Nature" will be taught by Mrs. Clarisse Gillerist at the Lakeland High School in Shrub Oak on Thursdays from 4 to 6 p.m., starting January 31st. There are 15 sessions. The EDC course differs radically from other high school courses in that it combines the perspectives and methods of several areas of knowledge: biology, anthropology, sociology and psychology. It invites students and teachers to consider human behavior, the visible aspect of human nature, by exploring such questions as: The origins of Human Behavior; The Community and the Individual; Coming of Age — Managing Transition; and Cooperation and Competition. The course can be team taught by science and social studies teachers or by a social studies teacher alone. The fee is $60.

"People in Technology", a sequel to MACOS (Man: A Course of Study) will be taught at BOCES' Walden School at the Yorktown campus on Thursdays from 4 to 6 p.m., starting on February 28th. The instructor for the eight-session course is Miss Gwen Kriss, teacher at the Ward School in New Rochelle. The fee is $30. BOCES will purchase the films for the course. Schools who offer the course will be expected to purchase student materials such as maps and games.

Mrs. Gillerist and Miss Kriss attended training sessions last summer at the Educational Development Center in Cambridge, Mass.

Articles Welcome

Area teachers and administrators are invited to submit articles or suggestions for articles about new or unusual programs in local schools. Please contact Bill Grogan, curriculum associate, or Yvette Smith, School Services Building, Putnam - Northern Westchester Education Center, Yorktown Heights, N. Y. 10598. Telephone 245-2700.

Valuable Project For Croton 7th Graders

Seventh graders at the Pierre Van Cortlandt School in the Croton-Harmon district designed and constructed about 250 games, puzzles and other gifts for distribution by the Mental Health Association of Westchester County for Christmas.

All of the 130 seventh graders contributed their efforts to the project, suggesting ideas, drawing plans, listing materials to be ordered, and producing the gifts. Here was an example of unified arts in action. Mass production became a password. For instance, games were silk-screened in the art room, fabricated in the shop area or home arts room, and assembled in the project room. Among the gifts were stuffed pillows, bean bags, stuffed toys, crocheted jewelry, jig saw puzzles, ring toss games, tic-tac-toe games, knock hockey, jewelry boxes, and a toy chest.

The staff felt it was an extremely worthwhile educational experience, and a self-motivating one. Teachers involved were Harry Milefsky, Miss Joann Hochmeister, Mrs. Charles Trendell and Dean Van DeCarr.

PULSE BEATS

BOCES

VOL. I - NO. I

NOVEMBER 1973

This is the first issue of PULSE BEATS. The purpose of this newsletter is to provide a communication link between the health educators in the BOCES region. Teachers are encouraged to submit articles about projects and activities that students are engaged in, which teach any aspect of health.

It is hoped that PULSE BEATS will keep teachers informed of new health materials that come into the library, the research center, and the film library at BOCES.

NEW MATERIALS

ALCOHOL AND ALCOHOL SAFETY, A JUNIOR HIGH CURRICULUM. Vol. I and II, U. S. Dept. of Transportation, 1972. A most complete and comprehensive curriculum guide that breaks down Alcohol Education into seven major units: Safety, Attitudes, Effects, Industry, Interpersonal, Law & Customs and Problem Drinking. Each unit is filled with a large number of activities that are fun and create a number of techniques including art, drama, A.V. debate, discussion, trips, interviews, etc. This two-volume guide can be seen and used in the BOCES Professional Library.

TOMORROW HAPPENS TODAY, Film Strip/Record, March of Dimes, 1973. This high school level filmstrip replaces MORE THAN LOVE as a stimulus for discussions on birth defects. The film discusses how VD, smoking, drugs, nutrition, and diseases can lead to birth defects in new born children. The filmstrip is well done and holds the interest of high school students. It can be borrowed from the film library. (Film #4-08-27)

INSIDE/OUT T.V.SERIES

The purpose of "Inside/Out" is to help children achieve and maintain well-being. The thirty-lesson series engages the minds and feelings of eight-to-ten-year olds through the presentation of situations common to their own lives. The programs deal compellingly with social, emotional, and physical problems that have traditionally been concerns of health educators. However, the series takes an affective approach to the problems showing that an open-minded understanding of human feelings is needed to balance knowledge of a more factual or cognitive kind.

The program was developed by leading health educators, learning specialists, and educational broadcasters from 34 agencies, including 29 state departments of education. The program can be viewed on WNET/Channel 13 beginning the week of September 24. The program can be seen Tuesdays at 1:30 P.M., Wednesdays at 10:15 A.M., and Fridays at 10:45 A.M. The program runs for 30 weeks, ending May 20. Programs missed are available on videotape!

A Teacher's Guide for "Inside/Out" is available at no cost. Included in this guide is a brief description of each 15 minute program including specific objectives the program deals with. Also included are discussion questions and specific learning activities for the students and teachers to use at the end of the program. You may obtain a copy of this guide by contacting Ken Packer at BOCES, 245-2700, Ext. 333.

DID YOU KNOW

A new methadone clinic has opened up in Mt. Kisco. They have a group counselor who will come and speak to your classes. Contact Mr. William Coree, Methadone Maintenance Treatment Program, 39 Maple Ave., Mt. Kisco, N. Y., 10549, Telephone 241-1512.

The American Lung Association has hired a health education consultant who will help you develop programs for the classroom. They are interested in setting up programs about smoking, TB, and environmental pollution. Contact Dr. Sidney Bernbach, Health Education Consultant, American Lung Association, 35 Orchard Street, White Plains, New York 10603, Telephone 949-2150.

Dental health week is coming up. Free tooth brushes, toothpaste and disclosing tablets are available for every 3rd grade student in your school system. Contact Proctor and Gamble, Cincinnatti, Ohio.

Peekskill is working on a model project in Health Education. They will be receiving about $7,000 in grant funds for work in Peer Counseling, geared to teach health education on the elementary level through the use of teaching games.

DRUG LAW SEMINAR

BOCES will be running a seminar on the new New York State Drug Law and its implications for school policy. Mr. James R. Cowhey, Administrative Assistant D. A. will speak to teachers and administrators on December 6, 1973 at Lakeland High School. A panel will question Mr. Cowhey and then discussion will be opened to the audience.

The panel will consist of four members: Mr. Larry Breen, Assistant Principal, Horace Greeley High School; Mrs. Gloria Pearce, SNT, North Salem Schools; Mr. Don Frese, Teacher, Mahopac High School; and Mike Taylor, Student, Croton-Harmon High School. Please feel free to contact these people and relay any questions you might want them to ask.

The program will be from 1:30 to 4:30. All are invited.

PROFICIENCY EXAM

College proficiency and external degree examinations will be offered in health on November 8 and 9, February 7 and 8, and some time in the spring. If anyone is planning to take these exams, please contact Ken Packer for suggestions on what to study. If there is enough interest, a refresher course will be offered. Teachers who took the course last year did very well on the exams.

Proficiency examinations may be used to earn college credit or external degrees or to meet certain teacher certification requirements. There are no prerequisites for taking any of the tests.

Tests correspond to material covered in one or more semesters of a regular college course. Study guides, information and applications are available from Ken Packer.

43 ENROLL

TEACHING HEALTH ON A LOW BUDGET is the first in a series of courses to be offered for health educators. Developed as a result of teacher's requests, the course presents methods and materials in health education that are free or inexpensive. The course got off to a good start with 43 teachers and school nurses teachers enrolled. Future newsletters will keep you informed of the next health course to be offered.

DENTAL HEALTH SEMINAR

The Ninth District Dental Society will be conducting its Third Annual All Day Dental Health Seminar, at Grasslands Hospital, on November 14, 1973, from 8:30 A.M. to 3:00 P.M. This FREE inservice day includes lunch and a dental health teaching kit. Pre-registration is necessary and space is limited. For further information call 948-0266.

I am interested in HEALTH EDUCATION. Please put me on the PULSE BEATS mailing list.

Name: ______________________________
School: ____________________________
District: __________________________
Subject Taught: _____________________

PULSE BEATS

VOLUME I - NO. 2

JANUARY 1974

NEW MATERIALS AT BOCES

Curriculum Guides: ALCOHOL AND ALCOHOL SAFETY - We now have this complete set of Volumes - Elementary - Junior High - High School.

U. S. Dept. of Transportation, 1972. A most complete and comprehensive curriculum guide that breaks down Alcohol Education into seven major units: Safety, Attitudes, Effects, Industry, Interpersonal, Law & Customs and Problem Drinking. Each unit is filled with a large number of activities that are fun and create a number of techniques including art, drama, A.V. debate, discussion, trips, interviews, etc. Each two-volume guide can be seen and used in the BOCES Professional Library.

Books: INTRODUCTION TO LUNG DISEASES, American Lung Association, 1973.

An excellent reference for teachers teaching about various lung diseases, i.e., colds & infections, allergies, emphysema, tumors, cancer, etc. The book contains a lot of good information written in a way that everyone can understand. All the diagrams can be easily converted into overhead transparencies. Catalogue #616.2 A

SICKLE CELL - A COMPLETE GUIDE TO PREVENTION AND TREATMENT, By Shirley Molter Linde, Pavilion Publishing Co., N.Y., N.Y., 1972. This book tells the complete story about sickle cell anemia and the sickle cell tract. It discusses characteristics, treatments, testing, home management, genetics, and the world and public health problems caused by sickle cell. Catalogue #616.1 L

A.V. Materials: KEEP ON WALKING, 16 mm, color, 10 minutes. Catalogue #2-08-35. A touching story of Marty, a congenital amputee. Marty tells what it is like to live with artificial arms. The film shows great insight and empathy into Marty's feelings and how he has made an adjustment to his handicap. This film can be used with students from grades 4-12. It will always generate an interesting discussion. Produced by the National Foundation - March of Dimes.

SICKLE CELL, Color, Filmstrip/Record. Catalogue #3-08-57. This filmstrip places the problem of sickle cell anemia in a historical and social perspective...to increase awareness of the need for medical services for the S.C.A. patient. It will provide Junior High and High School students with a knowledge and understanding of the disease. Produced by the National Foundation - March of Dimes.

SPEAKER ON ALCOHOLISM

Speakers from Alcoholics Anonymous can now be contacted through Sponsor House in White Plains. The number is WH-6-7759. This is a good referral source for students who are drinking or for helping students cope with a drinking member of their family.

Fox Lane High School, under the direction of Mike Bush has already started an excellent alcohol abuse prevention program. Bill D. from the Sponshor House spoke to all high school students and now Mike and Bill are running small group discussions. If you want more information on how Sponsor House can help you, call and ask for Marianne.

NATIONAL EDUCATION WEEK ON SMOKING

National Education Week on Smoking will be observed January 11-17. The National Interagency Council on Smoking and Health has announced that the theme will be "Non-Smokers Have Rights Too." The campaign is aimed at both launching a symbol which could be identified with the growing non-smoking movement and the distribution of a Non-Smokers Bill of Rights. Special kits designed to aid in the promotion of the campaign are available for $1.00 postpaid from the National Interagency Council on Smoking and Health, 419 Park Avenue South, Room 1301, New York New York 10016.

MONEY FOR MODEL PROGRAMS

Lakeland: Under the direction of Carmine Centuori and Ken Packer, Lakeland has received a little over $2,000 from the State Education Department for developing a program called Education For Life. Elementary school teachers and students will develop individualized learning packages in the areas of drug education, accident prevention, and first aid. These packages will contain films, slides, tapes, stories and activities all prepared by students and teachers.

Yorktown: Under the direction of Irene Anderman and Ken Packer, 3rd grade students will make use of the TV series "Inside/Out." SED has provided about $4,500 in funds for this project. With the money, $2,000 worth of color TV equipment was purchased and will remain property of BOCES. This will allow all districts to borrow the equipment when the Yorktown project is finished. After students have finished viewing the TV series, they will make two TV programs of their own. One 15 minute show will critique the series and will describe what they have learned. For the second 15 minute TV show, students will produce what they think should be the next show in the series. It will follow the same style as the professional broadcasts, but the students will develop their own content area.

INSERVICE PROGRAM STARTS

Wednesday, January 30, starts the second semester of the BOCES inservice program. For a complete listing of courses, see the Spring 1974 catalogue, or call Peggy Lyons at 245-2700, Ext.331

CONFERENCES

The Annual Conference of NYSAHPER will be held at the Concord Hotel from January 24 to January 26. The topics for the health meetings are...

Thursday -	
9:15-10:30	Teenager and Alcohol
10:45-12:15	Teenager and Alcohol
2:00-3:30	Group Dynamics
3:45-5:15	Group Dynamics
Friday -	
9:15-10:30	Health Services
10:45-12:15	Venereal Disease Unit for 7th & 8th Grade
2:00-3:30	The Role of Our Schools in Heart Disease Prevention
3:45-5:15	Prevent Periodontal Disease
Saturday -	
10:45-12:15	Student Contracting in Health Education
2:00-3:30	Transactional Analysis
2:00-3:30	Peer Group Leadership Training
3:45-5:15	Behavioral Objectives in Health

CONFERENCE ON DEATH, DYING, AND SUICIDE

The State University of New York College at Cortland will be the site of a Conference on Death, Dying and Suicide on March 7 & 8. Sponsored by the college's Department of Health, the conference will feature outstanding individuals in the field of Death Education such as Avery D. Weisman, M.D., Robert Kastenbaum, Ph.D., Rabbi Earl Grollman, Leon Pastalan, Ph.D., Daniel Leviton, Ph.D., and Vanderlyn Pine, Ph.D. In addition to the featured speakers, there will be a panel discussion entitled "A Look at Death and Dying." A pre-registration fee of $10.00 will cover the participant's registration and two luncheon meals. Registration at the conference will be $12.00. For more information write to: Conference on Death, Dying and Suicide, Michael S. Haro, Department of Health, SUNY College at Cortland, Cortland, N.Y. 13045 Phone:(607) 753-4226.

I am interested in HEALTH EDUCATION, and did not receive a personal copy of PULSE BEATS. Please put me on the mailing list.

NAME: ____________________

SCHOOL: ____________________

DISTRICT: ____________________

SUBJECT TAUGHT: ____________________

[illegible]

Union Free
VALHALLA PUBLIC SCHOOLS
School District No. 5
Town of Mt. Pleasant • Town of North Castle • Town of Greenburgh
HIGH SCHOOL OFFICE 100 COLUMBUS AVENUE, VALHALLA, N.Y. 10595 • Tel. WH 6-5900

DR. DON H. RICHARDSON
High School Principal

MR. KELSEY STONE, JR.
Assistant Principal

March 6, 1974

Senator Jacob K. Javits
Committee on Foreign Relations
United States Senate
Washington, D.C. 20510

Dear Senator Javits:

In January we received your letter inviting reactions to the bill which you have introduced "Alcoholism and Drug Abuse Education Act (S.2848)." I appreciate your soliciting reactions to a bill in this important area.

I took the occasion to ask our students in health classes what they thought? Since the bill is aimed at affecting particularly teenagers, I thought the students themselves might have some interesting reactions.

A substantial number of students in health classes (which are required of all 10th grade students) responded. A representative sampling of their letters is enclosed for your information.

Sincerely yours,

Don H. Richardson

Don H. Richardson
Principal

REC'D MAR 9 1974

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12224

ASSISTANT COMMISSIONER
FOR
SCHOOL SERVICES

DIRECTOR, DIVISION OF DRUG
AND
HEALTH EDUCATION AND SERVICES
518 474-1491, 1492,
1493 AND 474-6407

February 22, 1974

Honorable Jacob K. Javits
U.S. Senate
Washington, D.C. 20510

Dear Senator Javits:

We read with interest the December 21, 1973 Congressional Record containing the contents of the Alcohol and Drug Abuse Education Act (S.2848) which you recently introduced.

We wish to take this opportunity to express our concurrence with your observations and the remarks made in preface to introducing the bill, and also to bring to your attention some aspects of the drug education program in New York State schools, supervised and administered by the State Education Department.

USOE funds in New York State provided seed money to train school-community teams and train leaders who, in turn, trained additional personnel capable of implementing a broad, prevention-oriented approach to drug education. The knowledge and experience gained initially provided a basis for attracting additional State funds to support and expand drug education.

Since September 1970 all elementary and secondary schools in the State are required by the terms of Education Law and the Commissioner of Education's Regulations to implement a broad, comprehensive program in health education which must include critical health problem areas such as drug and alcohol abuse. This requirement is based on the conviction that primary prevention programs must begin early in the school experience. Consequently, suggested curriculum materials, originally prepared in printed form and currently updated, revised and computerized, are available for all grade levels, K-12. Recommended instructional approaches stress the interaction of cognitive and affective learning for all students. An Intensive Teacher Training Program is offered and inservice education courses are encouraged to prepare classroom teachers, at the elementary level especially, to implement the philosophy and methodology of preventive drug education and train them in the selection and use of support materials.

The evident importance of providing quality leadership for programs is acknowledged in the Commissioner's Regulations which propose the appointment of coordinators of drug and health education programs. A state supported Coordinator's Institute trains personnel to fill these administrative positions. At this time, coordinators of drug and health education and services are employed full-time in many of the State's 48 Boards of Cooperative Educational Services, and in 2 large upstate cities. In New York City the responsibility for administering programs rests with the Supervisor of Drug and Health Education and Services employed in each of the Community School Districts and with 4 Supervisors employed in the New York City Central Board of Education. The job description for these leadership positions encompasses assuming responsibility for conducting and/or facilitating virtually all the activities described in all portions of Section 3b of S.2848, i.e. needs assessment, program development, preservice and inservice training, community education programs, evaluation, etc.

In 1973 State funds were made available to local educational agencies for the purpose of subsidizing leadership positions and developing model educational programs for drug abuse prevention within the context of the comprehensive school health and drug education program. Programs are operating now and we would be pleased to provide specific information about any or all of them upon request.

We feel that New York State is on the right track. What is still needed is time to evaluate, to identify and examine strengths and weaknesses, to improve and refine our efforts when, where and as necessary, and financial support to do all this.

We appreciate your interest and concern in the alcohol and drug abuse education problem.

Yours sincerely,

John S. Sinacore

John S. Sinacore

JSS:JW:ld

Driving School Association of America, Inc.

PRIDE — INTEGRITY — ETHICS

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(202) 296-0838

[illegible] 1974

March 6, 1974

Honorable Jacob K. Javits
Committee on Labor and Public Welfare
United States Senate
Washington, D. C. 20510

Dear Senator Javits:

Thank you for your kind letter of February 19, 1974 and the enclosure of a copy of your recently introduced bill "Alcoholism and Drug Abuse Education Act" (S.2848) and your introductory remarks before the Senate.

The letter to Mr. Manville that you received a copy of relating to the problems of the drinking driver is only a part of the overall problems of educating the American public to the true ramifications of total driver education.

Again I am sending you a copy of a letter that may have an interest to you and the Committee on Labor and Public Welfare. The public's welfare is a major concern in particular since we have passed over the two million death mark in seventy-three years that the automobile has been a part of our society. In the two hundred (nearly) years we have been a nation, all of our wars combined resulted in 1,500,000 fatalities. It is evident, Senator, that we are in a much greater war on our nationwide highways. And in a much shorter period of time.

Also with best wishes,

Safely,

Henry Martin

Henry Martin
Secretary

HM:wd

Enclosure.

Driving School Association of America, Inc.
PRIDE — INTEGRITY — ETHICS

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March 6, 1974

Traffic Engineering and Safety Department
American Automobile Association
8111 Gatehouse Road
Falls Church, Virginia 22042

Gentlemen:

WHAT KIND OF DRIVER EDUCATION? The Driving School Association of America believes that driver education should be a QUALITY program that is competitive. The best way to achieve a quality product is through use of professionals. DSAA policy supports that position. (CAPITALS ADDED FOR EMPHASIS)

In the interests of unnecessary rhetoric, your detailed endorsement of HIGH SCHOOL driver education is noted.

It is further noted that you state, "Commercial driving school instructors DO PERFORM valuable service by training non-high school-age individuals in the basics of vehicle operation." The assumption may be to mean some one older than 16, 17, 18 or 19 years old. If that is your premise and NOT some one younger; then, it may appear that older citizens would be in a more capable atmosphere with the "DRIVER ED" teacher. You cite, in your memorandum, his baccalaureate, master's degree--often in safety education, specialty in educational psychology, sociology, counseling, etc.

It appears the assumption is that you must have a doctor's or master's degree in order to teach properly. However, this is an erroneous assumption. The best drivers in the world are the operators of our big diesels, and they are NOT taught by high school educators. The same applies to heavy construction equipment operators, airline pilots, etc. Teaching driving is a relatively simple matter when left in the hands of a patient, understanding, professional instructor who devotes his time and energies to the ONE VOCATION.

The "driver ed" teacher is on the public payroll supported by TAXES. His SALARY and "DRIVER ED" FUNDS are LEGISLATED by law. Reduce taxes and you REDUCE EXPENDITURES.

The less educated PROFESSIONAL driving instructors are dependent upon the over age (20 years and older) American citizen who must weigh in his or her own mind AFTER LEAVING HIGH SCHOOL if the service (driving instruction) performed is worth the money they individually earn. Since it is their earned income they are spending, one might wonder how naive our OLDER than 20 year olds became that insecure? It may lead some one to believe they attended HIGH SCHOOL IN OTHER COUNTRIES!

The "driver ed" teacher is programmed for attitudinal development of students in his 'course'. If you have a good attitude--you will be a "good" driver.

The PROFESSIONAL driving instructor incorporates in his training that if you have mastered the SKILLS of driving; logically, you will have an excellent understanding of every drivers' ability. This knowledge produces a traumatic attitudinal change in the non-high school-age individual. That may account for the fact that commercial driving schools EARN THE RIGHT to the money paid them by their students. Most professionals increase their business from customer/client referrals. That may account for the fact that THEY ARE NOT SUPPORTED BY PUBLIC FUNDS.

In conclusion, our young people must have the driving courses that will inculcate SKILL. In 1972, 51.[illegible] of those killed in automobile collisions were between the AGES OF 10 and 34. Thirty-seven point two per cent were between the ages of thirty-five and seventy-four.

If, as you say, a "valuable service is performed by commercial driving school instructors", it is knowing the value of human life. Driving instruction is a FULL TIME JOB that leaves no room for PART-TIME COACHING.

It is interesting to note that the state of California has just completed a FOUR-YEAR STUDY costing over TWO MILLION DOLLARS. The purpose of the study was to ascertain whether HIGH SCHOOL instructors or PROFESSIONAL driving instructors could do a better teaching job. The report, released in January of this year (1974), stated that PROFESSIONAL DRIVING INSTRUCTORS did a BETTER JOB OF TEACHING our teenagers and for considerably LESS MONEY.

Safely,

Henry Martin

HENRY MARTIN
Secretary

HM:ed

cc: Senator Jacob K. Javits, NY
Vincent Tofany, President, National Safety Council
Kenneth Licht, National Safety Council
George R. Hensel, President, DSAA
Charlotte Morris, Director, Public Affairs WNEW-TV
Daniel Klepak, Special Ass't, Executive Chamber, NY
Ralph Nader, Consumer Advocate
Jack Anderson, Syndicated Columnist

Board of Education
City of New York
District 30 Drug Abuse Program
J.H.S. 204
36-41 28th Street
Long Island City N.Y. 11106

February 4, 1974

Dear Mr. Agler:

I have carefully read these proposals and I am pleased to find that new funds are being introduced for drug prevention. One focus is an important one- ie, to work in the schools both with students and teachers.

I was particularly interested in the concept of peer counselors and wondered if you have any ideas for the future as to how students can be trained to help other students with problems. (pg.3-D)

I hope the funds for educational materials (pg3-#6) focus on humanistic aspects of life rather than on a pure drug informational level. Drug use is not the primary cause of a drug problem.

Finally, the evaluation of the effectiveness of any drug program should include some type of "personal growth" scale or "self-concept" measure which would be given to individuals involved in the program. The SPARK program evaluations dealt with changes in drug referrals, acting-out behavior, absences and grades.

Yours truly,
Nancy Wintfeld
Nancy Wintfeld
Group Teacher Dist. 30
Drug Abuse Program

cc:Betty Hill

In Queens, SPARK students introduce an accredited course to teach about people (page 4)...

A student information table at a Manhattan high school (page 3) provides a "Who's Who" of faculty, sends messages, lists citywide cultural events, refers to health agencies and maintains a buy-and-sell exchange...

SPARK group members bring togetherness to Asian, white, Puerto Rican and Black students at a predominantly white school (page 2) in the Bronx...

Thirty Staten Island youth "get high" on volunteer work (page 1) for Willowbrook State School, hospitals, daycare and senior citizen's centers--and by "adopting" a friendless "grandparent" and

Brooklyn SPARK'ers (page 2) shoot film, not dope as...

SPARK REVIEWS
ALTERNATIVES
TO DRUG ABUSE

VOL. III, NO. II FEBRUARY 1974

Approved by Roxee Joly,
Assistant Superintendent in charge of
Drug Education & Prevention Programs

OFFICE OF HIGH SCHOOLS'
SPARK Program
110 Livingston St., Rm. 235
Brooklyn, N.Y. 11201
237-0410
Arthur Jaffe, Director

SPARK REVIEWS

ALTERNATIVES

TO DRUG ABUSE

Vol. III, No. II February 1974

SPARK IGNITES INDUSTRY, COMMUNITY

In a group session at South Shore H.S. (Sam Beckman, 531-3608), students decided to opt for activity and involvement, instead of just rapping.

Among the suggestions they came up with was collecting toys or clothes, which they had already done for the Save the Children campaign, or entertaining in the children's ward of a hospital.

They selected Kings County Hospital and advertised for volunteers. Twenty students assembled for after-school rehearsals and 17 of the 20 showed one day this winter in the children's ward.

"Children were lying in their beds doing nothing," recalls one entertainer. "After we got into our clown, dancer, singer and storyteller costumes and put on our make-up, their faces lit up."

The climax of the afternoon was a sing-along.

Thirty Port Richmond students do volunteer work at Willowbrook State School, Sea View Hospital and Home, Staten Island Hospital, a daycare center, nursing homes and a senior citizens' center.

Also, some of Sarah Dyer Thompson's (720-7689) SPARK'ers "adopted a grandparent," making regular visits to, shopping and running other errands for an elderly person who has no family.

Students also opened tutorial programs for other high schoolers and adolescents at Christ Methodist and Shiloh Churches.

The volunteers then meet weekly to discuss their experiences, further develop human relations skills and explore career possibilities.

Reports one faculty observer: "The feelings of competence and worth which the work generates have had some measurable results in schoolwork and behavior for some very troubled young people."

The purpose of this newsletter is to share SPARK programs that may be alternatives to drug abuse.

Programs described herein include intellectual, social, cultural and occupational alternatives to the youth drug culture.

For further information, the names of the Drug Education Specialists and their telephone numbers are listed.

Keeping in touch with their community has yielded two special dividends for SPARK members at Washington Irving High School (Drug Education Specialist Ruth Harwayne, 533-1380).

Students there send their SPARK newsletter to, and receive community papers from various business and service organizations on Manhattan's East Side.

As a result, the Guardian Life Insurance Company of America read their newsletter and made a cash contribution to the SPARK rap room for supplies and games.

Moreover, SPARK students have also started career exploration with the firm. That is, with each student paired to an employee of Guardian Life, they learn the workings of a large business organization.

SPARK students also read in a community newspaper about ACCEPT (the Alcoholism Center Coordinating Education, Prevention & Treatment), and many became interested because of alcoholism problems in their own families. Then ACCEPT opened a model program for youth and SPARK members, after a sensitivity session, decided to get involved.

First they will work out a program through meetings with ACCEPT's director Joel Bennett, then co-counsel after-school programs of alcoholic youth.

Through participation, they also hope to spread the word to--and help lick--the emerging alcoholism problem in their own school.

- - - - - - - - - - - - - - -

Dodge Vocational (Tony Abilo, 733-3477) SPARK students wrote and edited a 70-page literary magazine.

SPARK IGNITES ETHNIC, FACULTY, FILM WORKSHOPS

A core group of a half-dozen Abraham Lincoln High (Mike Geller, 946-6666) SPARK members spent last January through June writing, filming and editing a nine-minute color documentary to fight the school's biggest problem: apathy. This year they are showing it to the freshman class, the faculty and students from "feeder" schools.

Before filmmaking, though, The Lincolnites developed a questionnaire to probe problems in the school, distributing it to students, faculty, administration, school guards and custodians alike.

Next they analyzed the results, but how best to deal with apathy? They decided that a film introducing students to the unusual activities offered in their school was the answer.

So they wrote a script depicting, for example, some of these alternatives to apathy: raising animals in the biology laboratory, tutoring slow-reading students, playing the violin or basketball.

Those six students involved nine others in various stages of the film's development and eventually, through showings and participation, hope to reach the entire school.

& & &

--YOUR FRIENDS OFFER YOU A DRAG OF MARIJUANA IN A CAR OR AT A PARTY.

--YOU KNOW THE SEPTEMBER 1 DRUG LAW. YOU ARE HANGING OUT, SMOKING, IN THE SCHOOL BATHROOM WHEN A TEACHER WALKS IN. YOUR FRIEND SUGGESTS, "QUICK, FLUSH IT."

(contd. next column)

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These are two role-play situations developed by Richmond Hill SPARK students (Ira Siegel, 847-0118) for a projected film.

In cooperation with the Board of Education's Bureau of Health & Physical Education, the SPARK'ers are originating the role-plays and will act them out on film. Some will also be involved in the technical side of the production.

Health & Phys Ed will then make the film available to interested high schools.

Can feelings of isolation and a policy of separation lead to togetherness within a student body?

Perhaps so.

Black, Puerto Rican and Asian students are in a decided minority at Bronx H.S. of Science (DES Irwin Dubno, 367-7281). To help them adjust and feel comfortable there, a student trained at the 1972 SPARK Summer Institute, Taur Orange, conceived of a Black Awareness Program (BAP).

Taur threw the adjustment problem out to her SPARK groups and after two hours of brainstorming, they okayed the BAP. The sessions, recalls one participant, went something like this:

> --We want to deal with the negative behavior of some of the Black, Puerto Rican and Asian students in the school;
>
> --We want all of us to become better people;
>
> --We realize that in the process of becoming a better person, we are also becoming a better Black, or white, or whatever, person.

Senior Gayle Burnett, who now co-leads the group, recalls that some minority students were having trouble with grades, emotions or cutting. Nonetheless, many used interracial groups as an excuse to avoid dealing with themselves, claiming, "I can't open up with white kids."

So the idea was to put them in a group where they could no longer say that, Gayle explains. The group would work to increase self-awareness and self-confidence until the minority students were ready to be reinvolved with the predominantly white student body.

In addition to group sessions, the BAP sponsored social events, cultural festivals and prepared a flyer to help minority students pass the math- and science-oriented school's rigid entrance examination.

Although they still feel somewhat isolated from the majority student body, according to Irwin, SPARK minority students have contributed to a change in climate within the school as they--and others--have begun interracial mixing.

Last year's minority groups continue to meet together, but this year they, themselves, are channeling all new SPARK members into interracial groups.

& & &

Black students at Springfield Gardens H.S. (Joyce Cumberbatch, 525-0300) who have "tuned out" on their school program come to SPARK to be matched with Black professionals.

The adults provide a friendly ear, as well as scholastic and career advice.

GROUP SETS UP INFORMATION AND REFERRAL TABLE

Where do you go in your school for information on health? cultural events? school happenings? a buy-and-sell exchange board? city social agencies? and a "Who's Who?" on faculty and where they can be found?

In the High School of Art & Design (Art Schor, 752-4340), the answer is a corner of the school cafeteria. And all those services are provided during several lunch periods daily by eight SPARK students who man a "Student Information Service."

The SIS began after the students had operated within their own group for six months. Their emphasis then switched from helping themselves to working with others.

Group members agreed on three underlying principles:

(1) Skills they had learned in group could be adapted to other situations;
(2) With an adult facilitator, these students were ready to assume responsibility for their endeavors; and
(3) Some or all of the school population could benefit from their work.

Students "brainstormed" (that is, orally listed all the possibilities) for their program to provide some sort of positive alternative to deviant behavior and unhappiness. That process was interrupted occasionally by another exercise known as "sociometric pointing," namely, stopping the group process and asking certain questions (members keep their eyes closed) until the group is pointedly aware of its operating process. Some of these questions include: Who is doing the most talking? the least? Who is following the process best? worst? Who is really listening?

Back on track again, students emerged with five possibilities. They could construct a sculpture on the school terrace, but that idea was rejected as too elitist.

The next two options were acting as a grievance committee for students or organizing peers for valuable social and political causes. However, after discussion they decided those two possibilities limited themselves to the student body only. They did not assist faculty as well.

Then two more "brainstorms" emerged: rapping with students referred to the drug counselor and sending for students who exhibited self-defeating behavior, to peer-counsel them.

These last two ideas evolved into an information service emphasizing crisis intervention--and prevention.

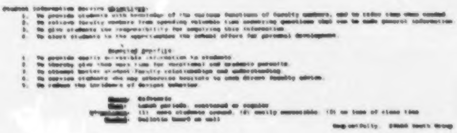
Finally that decision, too, had to be studied. Here were some of the problems the eight students foresaw: where to have the service? who would staff it? what information should be researched and maintained? how should records be kept? how could the program get approval to operate? how to advertise?

Prioritizing, students decided that nothing could be accomplished without administration approval. Role-play was employed: some students played the parts of school administrators while others played themselves, trying to obtain consent for the SIS.

OPIUM POPPY

Through that process, they found they still did not have a similar concept of the service. They needed to agree on why such a service would be desirable and to draft those results.

In October 1972, they drafted this memo to the principal:



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The project was approved. For the next four months, students researched and cross-filed the information they would be dispensing.

Then they advertised throughout the school through posters and public address announcements. In February 1973, they went into operation.

A typical day might find them answering queries like these:

"I'd like to make an appointment with the assistant principal. Can you convey this message to him?"

"I'm having a problem with my teeth. Refer me to a dental clinic in the area."

"Do you know anyone selling an easel? I don't have money for one, but I do have an old camera..."

"What teacher do I see to discuss a career in graphics versus the fine arts?...Where is she Wednesdays at 10:30 a.m.?"

SIS'ers meet weekly for further training on how to relate to others.

A. P. OKAYS 'PEOPLE ONE' CLASS IN HUMANISTIC EDUCATION

John Bowne students (Martin Allen, 263-0651) went to their Assistant Principal of Guidance with this recommendation: to institute a course based on people, rather than the standard reading, 'riting and 'rithmetic.

The A.P. okayed their "People One" class last semester. "People Two" this term consists of ongoing projects.

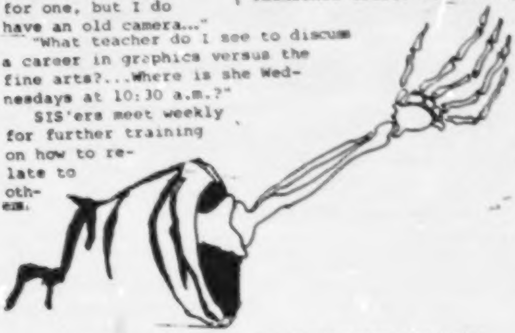
The year-long course has three parts:

#1 - a workshop on group dynamics;

#2 - people who help people, including school staff from the custodian to the principal; district attorneys; staffers from Creedmore and Booth Memorial Hospitals; and women police officers from the Sex Crimes Unit;

#3 - student-initiated, school-accredited projects. Students worked with the school's vocational faculty to improve curriculum; visited nursing homes, hospitals and courts; volunteered for the Police Department's Human Relations Unit.

"Because this is an ongoing program, it is also a viable alternative for preventing drug abuse," evaluates DES Marty, "as opposed to the more old-fashioned crisis counseling."



DANCE, PHOTO, INFORMATION CLUBS

An Afro-Cuban dance club, photographers who concentrate on shots of group and a human sexuality information service are three youth-initiated programs at Francis Lewis (Harvey Goodman, 357-9258).

A touchy subject, SPARK's sexuality service got approval from the administration because of student need. In addition, there were trained adult facilitators and a special program for the peer counselors. SPARK and the Human Resources Administration co-trained the youth in counseling techniques plus information on VD, birth control and abortion counseling.

Their basic approach is to present alternatives. For example, a student who indicates pregnancy is informed: "Here are agencies you can go to for help." She is then presented with a list of agencies involved in either child care or abortion.

bring professionals into school setting

SPARK students at George Wingate (Arthur Floyd, 467-8255) introduce the outside world to their school through a series of weekly "social issues seminars."

In brainstorming sessions, the students decide whom to invite, make the contacts and schedule speakers, then open the question session after each three-hour appearance or panel.

So far, they have invited lawyers and other careerists, former inmates from the Fortune Society, a make-up demonstration from Essence magazine, human sexuality experts as well as a liberationist from the National Organization for Women.

• • • • • • •

Each month, students at Eli Whitney select an alternative activity and do it together: roller- and ice-skating, bowling, movies.

SPARK afire WITH multi-FACETED ALTERNATIVE programs

Martin van Buren H.S. (DES Mort Glassel, 468-6700) students have come up with three unusual SPARK programs: women's and co-ed consciousness raising, faculty communications workshops and an entertainment directory.

An open rap group in September 1973 was running these sentence-completion games: "Girls like guys who..." and "Guys like girls who..." After the exercises, students felt they wanted a setting to talk about these feelings.

The following month, 30 students began meeting in groups of 10, once a week, for two hours after school. They form two women's and one co-ed group. So far, says Mort, they have begun relating better to one another and the opposite sex, telling more about situations at home and attending school more regularly, in order to be in this group.

At the same time, 40 more students decided to relate to faculty in a manner that could create a warmer, more conducive learning climate in school.

They consulted the teacher roster to see who would be available what period, then sent notes of invitation to teachers who were free. Reinforcing their written notes with word-of-mouth invitations, they asked for commitments and, according to their DES, had to learn how to handle an occasional rejection.

The students served coffee and cake, led faculty in sentence-completion techniques like "I feel like leaving school when..." or "The change I'd like to see in school is..."

So far, in 10 workshop sessions, they have reached 40 teachers. Some enjoyed it so much they have come back repeatedly. Reports one: "It gave me new insights into students" and another, "I enjoyed that communication on a different level."

Finally, students decided to solve yet another problem: the older-than-teen cry "I'm lonely" or "I don't know what to do tonight."

So students not only contact Hospital Audiences Inc. for free tickets to events. They read newspapers and on an activity bulletin board outside the SPARK room, list such free and inexpensive events as jazz museum programs or a karate demonstration.

Inside the SPARK room, there is another board with such personal invitations as "I am going to attend the performance of ________ on such-and-such a night. Let me know if you want to join me."

What happens when Erasmus SPARK members (DES Mike Weingarten, 282-4505) and the counseling service of Kings Co. Hospital get together?

The Loft, an after-school facility, located a block away from Erasmus. The hospital supports the facility and its yoga, theater, guitar, crafts, political and women's workshops.

Also, there are sensitivity groups of 7-10 participants each: some from Erasmus, others drop-outs, still others from the community-at-large.

Individual counseling is available from 10 a.m. to 10 p.m. weekdays.

Stay After School

Time was it was tough enough getting students to go to school. Now they go--and stay after school hours--because of 35 Julia Richman High (DES Ron Austin, 628-0024) SPARK students.

Sixteen of them are in their third semester of accredited Group Dynamics; the others are newer to SPARK but have received training from the Richman intervention and prevention team.

With adult facilitators, they run these after-school clubs:

(a) 25 members of the poetry and photography clubs have published Vol. IV of their literary magazine "Where It's At." They thank Rudin Mgt., an area real estate firm, for paying printing costs;

(b) the 12-member drama group performs an original anti-drug play throughout the school and community;

(c) 60 students participate in the Latin American and 30 in the Chinese club. They increase ethnic pride through delving into their own history and culture and through meeting with groups like Aspira;

(d) the Universe Club touches on parapsychology, astrology and yoga;

(e) the 10-member bowling team won the Manhattan Divisional Title of the Police Student Athletic League last fall and 40 other SPARK youth play on basketball, ping-pong, volleyball and softball teams;

(f) with an eye to preventive health, students from all these clubs and the New York Hospital staff this year co-sponsored their second annual sickle cell day. They test Richman students for the disease or the trait;

(g) they also have held dances, cake sales and bazaars to raise funds for weekend leadership training trips.

"We don't initiate these groups. We don't say, 'Hey, what can we organize to help students?'" Rather, explains Ron, "the groups emanate from the needs of the kids. We adults provide the space, time and supervision, but our youth supply the ideas, input and carry-through."

PROBLEM-SOLVING:

cutting

Cutting at Taft High School (DES Abby Hymowitz, 681-9780) was a problem: to the school, the teachers and the cutters themselves.

Since SPARK's goal is to exert peer pressure to deal with problems, members suggested a program of student leaders' dealing with student cutters.

The "Concerned Students," as they chose to be called, were recommended by their teachers or volunteered on their own. With the principal's approval, they patrolled the halls three times weekly during different periods. Wearing bluegreen "CS" buttons, they walked around talking with students in the halls. If they were unable to convince the cutters to return to class, they brought them to SPARK for further confrontation.

In the SPARK room, open-minded groups were maintained daily. Cutters were encouraged to speak out. "CS's" polled them for their grievances and problems.

A change in attitude from pro- to anti-cutting was the goal. Everyone, CS students, cutters and adult group facilitators, shared experiences about school and cutting. After a few visits, with help and support offered, commitments were demanded and self-help expected.

Through these goals, SPARK leaders gathered this data:

--More students cut math and gym than any other subject;
--The constant cutter hangs out with a group; the casual cutter, either alone or with one buddy;
--Everyone cuts occasionally. A small group does it all the time.

Response to the program has included

--from students:	"You do reach some people...They don't change their minds right away...but they hear you." or "The aides asked me to go into the bathroom and get the kids. I'm no cop..."
--school security:	"They are a great help because they can deal with the students who listen and that leaves us to deal with hard-core people. That's our job."
--teachers:	"Even if you help one student, it's positive."
--principal Lillian Popp:	"This program...is positive; it's sincere and I have great confidence it will have an effect."

publicity

To publicize the SPARK program at Thomas Jefferson (Lucille Sellers, 498-0250), students washed, dried, cooked and candy-coated apples for a schoolwide sale. They spoke first to the school's assistant principal for clearance, then shared cooking facilities with the home economics department. After raising money for SPARK sweatshirts, they wrote personal notes to thank school administration and faculty for their cooperation.

They hear
But do not listen
They look
But do not see
They experience
But cannot feel love
They are those
Surrounding me

They know not
What they are
Or care
What they will be
They have
No hopes or fears
Each one
In his own fantasy.

--SUSAN SARA, student
South Shore High School

Wearing their SPARK T-shirts, Stuyvesant (Beverly Smith, 533-4630) students have launched a campaign to familiarize the community and school with SPARK. They have authored their first newsletter, addressed a faculty meeting and the parents' association and made the rounds of hygiene classes.

coeducational groups

SPARK's "Abraxas" program at Aviation H.S. (Kenneth Tyson, 786-8085) was all-male because of the population of the school, while "Nirvana" at Queens Vocational (Joe Stankaitis, 937-3010) was coeducational except for one all-female group known as "The Family."

The idea of some joint school function was discussed by the two DES's, but only when senior Fran LaBarca of Queens Vocational suggested a combined awareness group did the experiment begin.

Their question: Is a coeducational approach to awareness group methodology more advantageous than separate male and female groups? Their answer: Although both groups were doing well prior to joining together, according to their DES's, the new process acted as a catalyst. New heights of emotional sharing were experienced.

Conclusion: By being more like the world around them, coeducational groups prove more realistic and may be more advantageous for attitudinal and behavioral modification than all-male or all-female ones.

issue news

Eighteen Canarsie (Lloyd Peckman, 649-0408) students dedicate free time during and after school, as well as evenings, to providing their student body alternatives to the drug culture.

During the school day, students edit a SPARK newspaper. They also conduct micro-labs as they visit classrooms to recruit for the program.

After school, they co-lead sensitivity groups four days of the week. Last year they organized an auction that raised funds for a weekend camping trip; this year they are working with a Canarsie-area youth center on a talent show.

But perhaps their coup is a coffeehouse which has opened its doors the first Friday evening of each month since October 1972. Students must be "straight" to enter. Admission of $1.00 entitles them to jazz, rock or folk music performed by professional or student musicians, plus all the cold cuts, cheese and crackers, donuts and coffee they can eat.

"It's a place where we can go at night," says one of the founders. "Otherwise, we'd be out in the streets, looking for trouble."

* * * * * * * * * * * * * * *

Bushwick (Frank Murray, 386-3058) issued four editions of a student newsletter. It contained poems, short stories, essays on group and a listing of school and community events.

* * * * * * * * * * * * * * *

Forest Hills (Chuck Hoffman, 261-6426) drug-fighters have written, edited and published a 16-page Rap Room Report. The magazine includes a lengthy article on things to do and places to go in New York, as well as a piece on methaqualone, poems and even a recipe.

GROUPS LOSE WEIGHT, IMPROVE THEIR ENGLISH

This fall the 200-member, SPARK-sponsored Latin Students Union at James Monroe H.S. (Lenore Blazer, 893-9599) initiated "Spanglish" classes and a tutoring program.

The former, taught by two of Monroe's Puerto Rican Culture and Spanish-language faculty, mixes the two languages in order to help Hispanic students master English and New Yorkers learn Spanish.

The tutoring program matches a student who does not speak and read English excellently with another who does. The purpose: to help those having trouble with the language understand their classwork and do homework.

Uncomfortable because of their unique problems, overweight and foreign students appealed to Jamaica High School's DES (Ira Lipton, RE 9-8185) to start specialized groups.

Their aim is not just to talk about their problems; through their respective groups, they seek peer support in order to either lose weight or to get a better grasp of the English language.

* * * * * * * * * * * * * * *

SPARK'ers at Central Commercial H.S. (Sam Shapiro, 687-6744) toured the IBM plant in Poughkeepsie, N.Y.

* * * * * * * * * * * * * * *

COUNSEL IN 2 FEEDER SCHOOLS

John Dewey's (Alvin Merker, 946-7676) experimental "four-and-one" program enables SPARK students to spend four days each school week at their high school and the fifth at local "feeder" schools.

Four run sensitivity and problem-solving sessions for elementary students at P.S. 212; two others conduct group and one-to-one counseling, edit a newsletter and help with homework at Reynolds Junior High School.

Trained to help younger students open up, the SPARK youth counselors report these adolescent problems: broken homes, parental alcoholism, worrisome siblin, relationships and personality conflicts with teachers.

The program is two years old, has been working well enough that principals from the two feeder schools have requested more SPARK peer leaders.

THE STATE OF WYOMING

Department of Health and Social Services

Division of Health and Medical Services

STATE OFFICE BUILDING CHEYENNE, WYOMING 82001

February 11, 1974

Helen Nowlis, Ph.D.
Office of Drug Education/Health and Nutrition
USOE - Code 414
Washington, D.C. 20202

Ref: 74A-018

Dear Dr. Nowlis:

The office of Mental Health and Mental Retardation Services, the Single State Agency for Wyoming, has recently been informed of the possibility of discontinuation of funds to support the Regional Training Center in Minneapolis. It is the opinion of this office that reconsideration should be given toward reallocating funds to insure the continued operation of this vital facility.

The Minneapolis RTC has served Wyoming well and is quite familiar with the nature of drug abuse problems which occur in very rural areas such as ours. In light of the fact that Wyoming and surrounding states do not have access to any other training facilities, we would strongly recommend that every effort be made to maintain availability of this resource.

We appreciate the time you spent on the phone with us, and recognize your concern with our problems here in Wyoming, as well as the rest of the nation.

Sincerely,

Cone J Munsey

Cone J. Munsey, Ed.D., Chief
Mental Health and Mental
Retardation Services

Roger Howard

Roger Howard
Drug Abuse Consultant

Alan

Alan R. Yates, M.S.W.
Coordinator, Drug Abuse
and Alcohol Abuse

RH/jom
cc: Dr. Charles R. Bruning

Kansas Drug Abuse Commission

SECOND FLOOR—715 HARRISON STREET—TOPEKA, KANSAS 66603
PHONE—(913)—296-3925

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EXECUTIVE DIRECTOR

11 FEB 1974

February 5, 1974

Helen H. Nowlis
Director, Division of Drug Education/
Health and Nutrition Programs
Dept. of Health, Education, and Welfare
Office of Education
Washington, D.C.

Dear Ms. Nowlis:

It was rather disturbing news to read of the U.S. Office of Education's decision to discontinue the funding of the University of Minnesota's efforts.

The Region VI Training Center (University of Minnesota) has provided the state of Kansas with a large number of trained community action teams. We feel these teams are now the nucelus for the community drug abuse prevention councils that are beginning to develop across our state. The reports we have encountered from individuals who have attended the Region VI Training Center are laudatory.

Realizing that budgetory consideration frequently demand discontinuance of worthwhile endeavors, it would be less than proper if the people of Kansas did not voice their appreciation, through our agency, for the praiseworthy effort put forth by the Training Center and the personnel at the University of Minnesota. This agency is cognizant of the goals of the Training Center and have fully supported them. We also wish to congradulate the training personnel, as exemplified by their Program Director, W. "Sam" Miller, in their professionalism in achieving those goals through their training of community action teams.

Should the U.S.O.E. find a need to contract for a regional training center, it would be our hope that the trained personnel and dedication to a mission be recognized at the University of Minnesota and that it be given favorable consideration.

Thank you for giving us this opportunity to express our appreciation for the services rendered us from a noteworthy institution and its staff.

Sincerely,

Ronald J. Maineri,
Executive Director

cc/Region VI Training Center
Dr. Hartman

RJM/sc

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CHARLES MORGAN, JR.
Director
HOPE EASTMAN
Associate Director
ARLIE SCHARDT
Associate Director
MARY ELLEN GALE
Counsel

February 15, 1974

Honorable Harold E. Hughes
Chairman
Subcommittee on Alcoholism and Drug Abuse
Senate Office Building
Washington, D.C.

Dear Senator Hughes:

We wish to comment on proposed legislation dealing with the extension and revision of the Drug Abuse Education Act of 1970 (H.R. 9456, S. 1849, S. 2848). The ACLU is aware of the tremendous problem of the abuse of drugs and alcohol and recognizes educational programs as a positive remedy. However, we are concerned that safeguards for individuals participating in such programs are inadequate.

In the House debate over H.R. 9456 much attention was given to the relative merits of two approaches to drug abuse education. The first is primarily informational. The second is variously described as participatory, affective, remedial, or interventionist. In general this latter approach attempts to involve students in a closer look at their own individual relationships to drug use.

To the extent that participatory programs are replacing or being combined with informational programs, the need for safeguards increases. Intervention-type educational programs must be carefully monitored because they pose a threat to the privacy of individuals, a right guaranteed by the Constitution. This situation is of special concern to us because the rights most likely to be violated are those of the most vulnerable, children. Local communities often eagerly pursue drug abuse projects in defiance of the plain fact that children are entitled to the protection of the Constitution and laws of this country. The federal government can play a vital role in this area by insisting on procedural safeguards and completely voluntary participation.

As an example of the many potential abuses that can creep into drug education programs, we refer you to the recent case of Merriken v. Cressman, C.A. No. 72-2057, (E.D. Pa., Sept. 28, 1973). This case involved student participation in a test questionnaire designed to identify patterns similar to those manifested by certain types of drug abusers. Those children selected as potential abusers by this test would then be subjected to various forms of involuntary remediation including: counseling by inadequately trained personnel and group sessions that would attempt to change student attitudes by peer group pressure, labeling behavior as deviant, and possibly punitive sanctions. The judge saw a clear invasion of the right to privacy in the facts presented. He expressed grave concern that the rights of the children were inadequately protected with regard to confidentiality, staff training, proper identification of abuse patterns, and intervention-type programming. He ruled that, even if those protections were added, the informed consent of the parents was required for student participation in this program. In reaching these conclusions he considered both legal issues and psychiatric testimony.

To counter this tendency toward the violation of individual rights, we urge the Committee to insert the following guidelines (suggested in part by the Merriken decision) into whatever bill is reported, requiring every program funded under the bill to comply with them:

1.) The goal of drug abuse education is voluntary remediation: the keeping of children away from drugs. The goal is NOT the identification of drug abusers for the purpose of punitive sanction or police action. Therefore all programs involving more than the dissemination of information must be voluntary, as defined by guidelines 2-7 below.

2.) The prior written consent should be required of the parents of all children asked to participate in a program, as well as of the children themselves. This must not be of the type where silence is construed as consent. Rather it must be informed and knowing consent where the parent and the child are offered balanced evaluative information on the purposes, procedures, and drawbacks of the program and must affirmatively respond with consent.

3.) The right of either parent or child to withdraw consent at any time must be made clear.

4.) Children should be entitled not to participate without incurring penalty. They and their parents should be so informed.

5.) Each institution receiving funds should be required to adopt adequate procedural safeguards for protecting the confidentiality of student records and participation. Records on individuals in the program should be accessible to persons other than those running the program only under the strictest of standards. Each parent and child should, of course, have unrestricted access to the child's own records. Further, data given by individual students to school officials under an expectation of confidentiality should be privileged, so that it cannot be obtained by subpoena or any other form of compulsion from either the child, the parent or the school officials involved.

6.) To insure against abuses by any person or institution to whom information may be transfered, the parents should be notified of any such transfer.

7.) Explicit sanctions should be written into the statute to enforce violations of the above safeguards.

We believe these guidelines set out the framework of civil liberties concerns with drug abuse education. The right of the child to privacy and confidentiality must be guaranteed at every step. The parent-child relationship should be protected against indiscriminate and uneducated intrusions. It is both realistic and necessary to expect programs to work within this framework. We, therefore urge your Committee to include them in this legislation.

We would appreciate this letter being made a part of the hearing record.

Sincerely,

Hope Eastman

Hope Eastman
Associate Director

HE/sas

15150 65th Ave. S. #716
Seattle, Wash. 98188
April 24, 1974

The Honorable Harold Hughes
Senate Office Building
Washington, D.C. 20202

Dear Senator Hughes:

The dynamically changing drug problem throughout the country has indicated an even greater need for continuation of research and development into the effective programs. Presently operating Office of Education Drug Abuse Programs have, and are continuing to formulate and refine, effective drug abuse prevention models designed to impact drug abuse at the local, state and national level

We have recently been informed by members of the Office of Education that the present programs will not be refunded, but rather that all funding will be redirected. Although we recognize the need for growth and modification, we question the wisdom of discontinuing the present programs. If this should happen, three years of experimental knowledge and expertise, including successes and failures, will be irrevocably lost. Thousands of people will lose the services of a prior three years' thrust. In most instances, the human resources of persons will be left dangling, and seeds that have been planted will not be allowed to grow.

We were further informed that the rationale for discontinuation of present programs has been based upon the fact that we were told that the projects would not be refunded after three years. This is distressing information, and, in fact, does not provide us any clear reasons for discontinuing present programs.

Although it was previously believed that after three years, the Office of Education and its adjacent projects would not be refunded, recently we have been led to believe that the Office of Education will be refunded possibly at a much higher level. If this is the case, we believe present programs should be continued. Strong indications lead us further to believe that if monies are allocated, the multiplicity of existing programs will be replaced with a monopolistic program.

Because it appears that possibly arbitrary decisions have been made, the above rationale has been written. It is in the best interest of tax payers to continue existing programs and continue the present network of resources.

Sincerely,

Carol Araway

(Ms.) Carol Araway

Drug Education Program

5209 EUCLID AVENUE
CLEVELAND, OHIO 44103

Telephone
(216) 881-0765
Nite 881-0769
Phones 881-0770

RECD FEB 18 1974

February 15, 1974

The Honorable Harold Hughes
Suite 1327
Dirksons Office Building, N. E.
Washington, D. C. 20015

Dear Senator Hughes:

The Special Drug Education Project of Cleveland, Ohio was one of many nationwide programs funded under the "Drug Abuse Education Act of 1970". Since its inception, the Project has gained increasing support and enthusiasm from the greater Cleveland metropolis. Originally, the Project was to service and provide tutelage for two target areas, however, because of increasing demands and interests we have found ourselves many times in the surrounding suburbs of the central city in addition to the inner city itself.

At the end of the 1972-1973 funding period, many drug education projects were either phased out or cut in half for the 1973-1974 funding period. During the first week of December 1973, the annual Directors Conference was held in Olive Hill, Kentucky. At this conference, it was announced that existing drug education programs would no longer be continued (the drug problem has been solved?) After having gotten over the initial shock of this announcement, many director heads got together and voiced their concerns and disaproval at this decision.

Realizing what this meant in terms of a needed service, tax payers dollars and a total disregard of past achievements, concerned directors jointly decided they could not just sit back and allow this to happen without voicing their displeasure. Even more insulting is the fact that a bill to extend the Drug Abuse Education Act of 1970 (H.R. 9456) has already passed through the House and is now before the Senate. This bill, if approved and it's almost certain that it will be, would allow for many of the existing programs to remain in operation. However, it appears quite evident that

**DRUGS
ENSLAVE
PEOPLE**

Sponsored By Community Action Against Addiction the existing programs will be phased out, only to be replaced by new and untried programs to do the same thing.

This decision not to refund existing programs, is contemptuous to the honest effort and hard work expended by staff and personnel to make this service useful to the public. It comes at a time when most communities are just beginning to feel the impact of this labor. The question that we raise is "Why?" The other question is "What will you do as a law maker to try and keep this needed program and others like it operating until America regains its health from drug abuse?"

We are also requesting a meeting at your earliest convenience to discuss more intricately the substance of this matter.

Respectfully yours,

Glenn Hawkins, Director
Special Drug Education Project

Larry Malone

Larry Malone, Assistant Director
Special Drug Education Project

GH/LM/jmw

State of Montana
Office of The Governor
Helena 59601

THOMAS L. JUDGE
GOVERNOR

March 12, 1974

The Honorable Lee Metcalf
United States Senator
427 Old Senate Office Building
Washington, D. C. 20510

Dear Lee:

I am writing to you to indicate my support of HR 9456, a bill to extend the Drug Education Act of 1972.

The University of Minnesota, over the past two years, has been providing excellent "mini-grant" training and technical assistance under a U.S.O.E. program called "Help Communities Help Themselves". Due to the lack of adequate funds for fiscal year 1975, two centers (out of eight) had to be discontinued. One of these is the University of Minnesota. This will mean the reassigning of Montana to a different center.

It has been indicated to me by the staff at the center that the possibility of their program being continued would be good if HR 9456 could be passed expeditiously.

I ask your effort in seeking the passage of HR 9456 as quickly as possible so that we would not lose a training center that has developed an understanding of the problems associated with a rural state such as Montana, and a center staff that has developed a great deal of rapport with my office and the Superintendent of Public Instruction.

Sincerely,

Thomas L. Judge

THOMAS L. JUDGE
Governor

FOREST HILLS, N.Y., *January 25, 1974.*

Hon. JACOB K. JAVITS,
U.S. Senate,
Washington, D.C.

DEAR SENATOR JAVITS: I am writing to you to very strongly support your proposed bill, "Alcoholism and Drug Abuse Education Act of 1974 (S. 2848)".

I believe that you should also be aware of the existence of the various school-based Community School District Drug Education Programs existing in New York City.

Our program, for one, very strongly emphasizes the humanistic and effective approaches to drug education.

I would like to strongly emphasize that it is my feeling that these programs are, indeed, effective and working well as is shown by the decreasing number of youngsters requiring therapeutic treatment programs in New York City.

I feel very strongly that grants must be made available to local educational agencies (such as Community School Districts) *directly* to avoid the bureaucratical tie up of funds when they are allocated to State agencies to re-allocate to local agencies. I support your bill and suggest that a major emphasis be placed on this availability of grants to local educational agencies.

I would certainly appreciate any further information you may amass on the progress of this legislation and its implementation.

Respectfully,

JOHN R. GERAGHTY,
Director, Drug Abuse and Prevention Program,
Community School District 28 Queens.

ARLINGTON CENTRAL SCHOOL DISTRICT,
Poughkeepsie, N.Y., January 28, 1974.

Hon. JACOB K. JAVITS,
U.S. Senate,
Committee on Foreign Relations.
Washington, D.C.

DEAR SENATOR JAVITS: For the past three years the Arlington Central School District has been planning and developing a responsive early intervention and prevention program for alcohol and drug abuse. It began in a very limited way two years ago and has grown slowly since. We now have a comprehensive prevention, education and intervention program at the secondary school level for which we now have measurable success.

Basically, our program focuses with a team approach on children—problem children and children with problems. A variety of approaches are currently being used: group and individual counseling, rap groups, home visits, parent workshops, parent-child group sessions, community involvement, curriculum development and inservice training for teachers.

We believe, then, that the original Drug Abuse Education Act of 1970, and especially your act (S.2848), "Alcoholism and Drug Abuse Education Act", are needed to provide the necessary seed money to initiate programs where they do not exist or to assist in the expansion of successful existing programs.

The bill should encourage local educational agencies to develop and implement new programs for parents of elementary and junior high school youth, new programs for parents of pre-schoolers, and programs for the emerging adults who will be taking on the responsibilities of marriage and parenthood. Many of the problems our young people at the secondary level are seeking our staff's help with, stem from sibling and parent relationships. New parents need training, while parents of young children (pre-school and primary age level) need retraining.

Programs, such as ours, need to be developed, improved, and/or expanded that help kids cope. For these your bill can provide the seed money.

Very truly yours,

LAWRENCE A. FALLIS,
Director of Special Services.

OAKLAND UNIVERSITY,
Rochester, Mich., January 22, 1974.

Senator JACOB JAVITS,
Old Senate Building, Washington, D.C.

DEAR SENATOR JAVITS: Please accept my strongest support for the amendment which you introduced for consideration with Senate Bill 2848. As you well know, the job of drug education is far from done in our country, and legislation to the opposite would be a tragic error.

I would also draw your attention to the excellant work currently being done in drug abuse prevention education by U.S.O.E.—Region 5 (Director—Mickey Finn).

In closing, I have also written Senators Griffin and Hart of Michigan urging their support for your amendment. Thank you for your consideration of this matter.

Sincerely,

WILLIAM D. EPLING, Jr.,
Director, Office of Drug Education/Abuse.

[Telegram]

HIGHLAND PARK, MICH., *January 23, 1974.*

Senator JACOB JAVITS,
Capitol Hill, D.C.:

Please pass Senate bill 2848 extending and improving Drug Abuse Education Act of 1970.

LARRY SIMMONS.

FT. STANWIX SCHOOL,
Rome, N.Y., January 25, 1974.

Hon. JACOB K. JAVITS,
U.S. Senate, Committee on Foreign Relations,
Washington, D.C.

DEAR SENATOR JAVITS: As an educator and parent, I support the "Alcoholism and Drug Abuse Education Act" (S. 2848).

Yours truly,

PAULINE B. SNYDER,
Principal.

FAYETTEVILLE-MANLIUS SCHOOLS,
CENTRAL SCHOOL DISTRICT NO. 1,
Fayetteville, N.Y., January 28, 1974.

Senator JACOB K. JAVITS,
U.S. Senate,
Washington, D.C.

DEAR SENATOR JAVITS: I have read your Senate Bill #S. 2848. This bill on alcohol and drug abuse education with amendments for 1974 is needed in the public school of the United States. Unfortunately some elements of this sensitive type of program fall into the same category as sex education programs. In many public schools human sexuality is not discussed. Many restraints are placed on public schools because of regional pressure.

The idea of presenting drug information prior to any serious involvement makes more sense than our traditional "locking the barn door after the horse is stolen."

I hope this bill fares well.

Sincerely yours,

FREDERICK E. DEVER.

CITY OF BLOOMINGTON,
Bloomington, Ind., January 22, 1974.

Senator JACOB JAVITS,
Russell Senate Office Building,
Washington, D.C.

DEAR SENATOR JAVITS: I heartily support Senate Bill #2848 which extends the Education Act until 1978. Without this extension, programs which are of key importance for the healthy development of our nation will die. Specifically, if the bill is not approved, the remaining five Drug Education Training Resource Centers must close. The "Helping Communities Help Themselves" Program has been one of the most meaningful, productive, and inspirational experiences available to our community. Although we have been actively involved with drug abuse education and prevention for four years, the training and direction we received while at the Training Center from January 6–19, 1974 gave a substantially stronger foundation upon which to base our programs.

In spite of the recent proclamation stating, in effect, that the "drug problem" no longer exists, we firmly believe that the problem, (as well as other social problems), will continue to thrive unless programs like "Helping Communities Help Themselves" can continue to help people deal with issues that arise in their own communities. As a service provider who works with drug problems every day, I believe that drugs still offer *for many people* an excellent way to achieve self-destruction. Unless we can increase the skills, insight, and awareness of people in communities throughout this country, drug abuse will never be effectively dealt with.

Therefore, I ask your support for Senate Bill #2848. Thank you for your time and interest in the concerns of the people.

Sincerely,

EVE BERRY,
Drug Abuse Coordinator.

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT,
Franklin Square, N.Y., January 28, 1974.

Senator JACOB JAVITS,
U.S. Senate,
Committee on Foreign Relations,
Washington, D.C.

DEAR SENATOR JAVITS: I read your bill entitled "Alcoholism and Drug Abuse Education Act (S. 2848)". I feel if this legislation is passed, it would be of immeasurable help in a school situation particularly in that Section 2, Part B, says: that the purpose of this act is to provide leadership to school and other institutions in the community by supporting projects of various types to alleviate this problem.

We certainly need governmental support in fighting the plague of drug abuse and alcoholism. I support this bill firmly.

I trust you will persuade your colleagues to vote in favor of it.

JOHN E. LONDON, *Principal.*

GLOVERSVILLE ENLARGED SCHOOL DISTRICT,
Gloversville, N.Y., January 22, 1974.

Hon. JACOB K. JAVITS,
U.S. Senate,
Senate Office Building,
Washington, D.C.

MY DEAR SENATOR JAVITS: I appreciate your sending me a copy of the data pertaining to the Senate Bill No. 2848 that you recently introduced.

Your comments as recorded in the December 21, 1973 Congressional Record clearly focus on the magnitude of the drug issue confronting the nation at this time.

It is indeed encouraging to see that your proposed legislation calls for a commitment of federal funds to deal with this grave social issue. All too often the social ills of the nation are placed on the doorstep of the public schools for cures without the necessary monetary support. In other instances, as you pointed out, monies that have been made available have been diverted, misused, and mismanaged and as a result have not been directly applied to the resolution of the drug problem.

Your proposed legislation appears to be very adequate. My major concern is that in the processing of this bill provisions for getting monies down to the school district/community level will be lost and that we will end up with another piece of legislation that will permit the dissipation of funds for administrative services at the state level. Further, since the legislation provides for $34,000,000 in aid for the fiscal year ending June 30, 1974, it is imperative that procedures for implementation be expedited and conveyed to school districts with great dispatch. Those of us who are currently engaged in programs dealing with drug and alcohol abuse certainly need the help.

Thank you for sharing this vital information.

Sincerely,

A. Glen Everhart,
Superintendent of Schools.

Brentwood Public Schools,
Brentwood, N.Y., January 24, 1974.

Senator Jacob K. Javits,
Committee on Foreign Relations,
U.S. Senate, Washington, D.C.

Dear Senator Javits: We concur with you that there seems to be a development of a pattern of poly-drug use If we are to counteract this trend, education must begin at the kindergarten level-through high school, on developing healthy self-concepts and good mental health.

As opposed to stressing the "do nots" of drug use, emphasis must be on the "why" of it. Counseling services should be made available concomitant with protection of confidentiality. Addicts should not be sent to prison but to a special ward in a psychiatric hospital. They should receive diagnostic tests and treatment and should not be released until a Board of Physicians deem them "healthy" to function back in society. Prior to discharge, the addicts should be released into the community for short intervals, with supervision, for a more realistic transition. Upon discharge, a Board of Physicians should recommend and mandate that the addicts report back to their hospital or to some psychiatrist near their homes.

Your continued efforts on behalf of this cause is well founded for the good of our youth. It must be remembered that drug abuse is a symptom and must be considered as such.

Very truly yours,

Irene M. Fagan,
School Nurse Teacher.
Joseph Karszen,
Principal, Village Elementary School.

Syosset Public Schools,
Central School District No. 2,
Pell Lane, Syosset, N.Y., January 23, 1974.

Hon. Jacob K. Javits,
Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

My Dear Senator Javits: In response to your request for comment about your Alcoholism and Drug Abuse Education Act (S. 2848), I would commend and share your concern for abuse by young persons of prescription drugs and alcohol. Were your bill to be enacted, the possibilities of finding better means in schools and communities of preventing such abuse would certainly be enhanced.

As an educator I think I must add a note of caution about programs that hope to change society via education. Schools are conventionally more successful in teaching information (cognition) than in changing attitudes, habits, and emotions (affection). My own limited observation leads me to feel that advertising, popular musicians and the recording industry, television, and films influence youths more in the affective domain. These media either originate life styles or widely and quickly disseminate those produced by innovation among students' peers. Were the United States legislative branch to induce these industries to discourage drug abuse, more might be accomplished.

It also seems to me that, if these media concentrated an anti-drug-abuse effort upon youths of college age, there might be a valuable ripple effect among secondary students, who avidly and uncritically emulate their immediate elders.

Finally, anything that can be done to strengthen family life and to expand psychotherapeutical services in communities would also be valuable, I feel, because most of the students I encounter as drug abusers seem to have personal problems related to broken homes or to other family disruptions.

Best wishes in your very worthy undertaking.

Yours sincerely,

HOWARD PIERSON.

AMERICAN SCHOOL HEALTH ASSOCIATION,
Kent, Ohio, January 23, 1974.

Senator JACOB K. JAVITS,
U.S. Senate, Committee on Foreign Relations,
Washington, D.C.

HONORABLE SENATOR JAVITS: The Committee on Drugs of the American School Health Association shares your concern about poly-drug use by our citizenry, especially by our young people. We commend you for introducing the "Alcohol and Drug Abuse Education Act" (S. 2848).

The "Teaching About Drugs" guide, published by the American School Health Association, suggests a basic program that can be adapted to meet the needs of a particular school district, starting at the Kindergarten level. The effectiveness of the implementation by a school district depends upon the quality of preparation of its staff.

The American School Health Association is the only national organization devoted exclusively to the area of school health and the members of the Committee on Drugs have pioneered in encouraging programs beginning in the lower elementary grades.

We urge that you and your committee consider the funding of a primary preventive education program through our association that would make assistance available to interested school districts throughout the United States to enable them to better meet the needs of their pupils in this critical health area.

Your consideration of this matter is sincerely appreciated.

Yours truly,

(Mrs.) ROSE M. DANIELS,
Chairman, Committee on Drugs, ASHA.

SAYVILLE PUBLIC SCHOOLS,
Sayville, N.Y., January 24, 1974.

Hon. JACOB JAVITS,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR: I am very impressed with the information sent pertaining to "The Alcohol and Drug Abuse Education Act Amendments of 1974", (Senate 2848). As an educator, deeply concerned with the welfare of children of all ages, I heartily support the continued efforts of interested government officials to identify control and hopefully eradicate addictive drugs and their use.

Sincerely yours,

HAROLD J. LIMOUZE, *Principal.*

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
WASHINGTON–WARREN–HAMILTON–ESSEX COUNTIES
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RECD APR 25 1974

April 22, 1974

The Honorable Jacob K. Javits
United States Senate
Washington D.C. 20510

Dear Senator Javits:

I am both proud and relieved that a distinguished Senator such as yourself is in touch with one of the most basic problems of drug abuse, that being a need for effective preventative measures. I wholeheartedly support your efforts in this area and offer my assistance to you wherever it may be warranted.

As the Regional Health and Drug Education Coordinator for the Washington, Warren, Hamilton, and Essex Counties Board of Cooperative Educational Services, my function is to assist area school districts in developing effective health programs with special emphasis on drug prevention education. With funds provided by the State Education Department, Division of Health and Drug Education and Services, several area schools have taken great strides in this area.

I have found that communities while they naturally want the best for their children are, as yet, reticent to invest the time and money (especially money) necessary to ensure effective drug prevention education. Your thoughts as expressed in Bill No. S2848 would provide funding to implement programs which would give the community some tangible success in which they would more readily invest in the future.

Enclosed please find a brief summary of programs in which some of the schools in this area have participated. Other programs of import and in some cases extensions of the ones listed here had to be scrapped due mainly to lack of funds. It is my sincerest hope that your Bill is passed when it comes to the floor.

Thank you very much for your concern and foresight in this most crucial matter.

Yours truly,

Kenneth R. Taylor
Kenneth R. Taylor
Regional Health Coordinator

KRT/dks
Encl

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
WASHINGTON-WARREN-HAMILTON-ESSEX COUNTIES
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DURWARD D. WEAVER,
ASSISTANT DISTRICT
SUPERINTENDENT

Kenneth R. Taylor
793-7721 Ext 227

MODEL PROGRAMS

Kenneth R. Taylor, Regional Health Coordinator

PEER TRAINING/TEEN INVOLVEMENT

Seventeen students in the Glens Falls High School were trained at two weekend workshops and 40 hours of evening sessions in effective communication techniques - Team Building, Values Clarification and Achievement Motivation.

Commencing February 11, 1974, these high school students will begin working with elementary school children in grades 4,5, and 6. Each student will serve as a group facilitator for six to eight elementary school children. The high school students will visit the classrooms five times at three week intervals.

INSIDE/OUT

Teachers of the Greenwich School will utilize inside/out as a part of their curriculum. In preparation, they will select 15 shows to present and attend a six session workshop in techniques of utilization.

CBRU

Nine teachers from the Washington-Warren County area will be trained at a two session inservice course on individualized instruction and implementation of CBRU. They will then use CBRU's in the areas of drugs, alcohol and tobacco in their class. Evaluation will be by means of pre and post attitudinal survey.

One teacher is working in the area of mental health.

ELECTIVE HEALTH COURSE

Seniors at Lake George High School will be offered an elective course in Health Education. Content will be chosen by the participants and concepts of active listening and values clarification will be stressed. One day each two weeks will be set aside for the group to evaluate media available in the health area.

The students will teach in the elementary school beginning in Spring.

The students will recommend purchase of one or more films.

Model Programs Cont.

COLLEGE COURSE

A course entitled "The Role of the Elementary School Teacher in Health Education" will be offered in Granville. This will be a graduate extention course and will be offered to ten to twenty area elementary school teachers.

INSERVICE COURSE

A seven session course on Values Clarification will be presented to area teachers and community leaders.

1/30/74

KRT/dkp

Board of Cooperative Educational Services

SOLE SUPERVISORY DISTRICT OF ST. LAWRENCE COUNTY

BOX 231 ■ 13 MAIN STREET ■ CANTON, NEW YORK 13617 ■ 1-(315)-386-4504

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April 24, 1974

Honorable Jacob Javits
Senate Office Building
Washington, D. C.

Dear Senator Javits,

After reading a copy of the Congressional Record of December 31, 1973 about your proposed amendments for the Drug Abuse Education Act of 1970, I thought it was timely and fitting to write to you explaining the major purposes of my leadership program as the Coordinator of Drug and Health Education and Services for St. Lawrence-Lewis Counties BOCES. And, also, to provide you with some of the highlights of the Massena, New York Drug and Health Education model program.

In just the few weeks that my position has been in operation, I have received many requests from educators seeking aid in developing effective drug and health education programs for the classroom. Since my area of responsibility involves nineteen member school districts, 30,000 students and 2,000 staff and they are located in the largest county in the state, it has been readily apparent my position alone is not going to be sufficient to effectively carry out a program of preventive drug and health education. Additional funds seem essential to expand the services of a regional drug and health coordinator. Among the more important of these services are: In-service training for all interested staff, training sessions for students involved in preventive health education projects, community meetings to involve and promote the projects, joint cooperative committees made up of staff, students, parents, and other interested community members to indentify community drug and health education needs and develop model programs, preview and recommendation of drug and health education materials including audio-visual items, and the consultation to building principals on those matters concerning drug and health education and service which are of current and pressing concern to students within their buildings.

Many of the preceding services are being implemented in the Massena Drug and Health Education model program currently in operation and expected to continue through the 1974-75 school year, pending available funds. Some of the highlights of these activities include: A third grade boy, with very limited social skills and little interest or success in academic areas, was provided with an opportunity to develop a math center for his class. His response was so successful that he also was given the opportunity to tutor a second grade student, an experience that has also shown signs of success.

COMPONENT DISTRICTS

CANTON CENTRAL
CLIFTON-FINE CENTRAL
COLTON-PIERREPONT CENTRAL
EDWARDS CENTRAL
GOUVERNEUR CENTRAL
HAMMOND CENTRAL
HERMON-DeKALB CENTRAL
HEUVELTON CENTRAL
KNOX MEMORIAL CENTRAL
LISBON CENTRAL
MADRID-WADDINGTON CENTRAL
MASSENA CENTRAL
MORRISTOWN CENTRAL
NORWOOD-NORFOLK CENTRAL
OGDENSBURG ENLARGED CITY SCHOOL DISTRICT
PARISHVILLE-HOPKINTON CENTRAL
POTSDAM CENTRAL
ST. LAWRENCE CENTRAL

Three high school students volunteered to provide tutoring for nine educably mentally retarded elementary level students in the area of language skills. In a different program, based on a one to one relationship, a volunteer high school student has met with a number of health professionals including a social worker, guidance counselor, school nurse, with the parents of a fourth grade boy, who has had a difficult time developing effective social relationships in his first four years in school. This big brother buddy arrangement hopefully will bring the young boy out of his shell and into the main stream of school life, by providing him with a desirable model of behavior. The senior high student should develop a sense of accomplishment through this responsibility. In a similar program, a senior high girl, whose relationships with staff and students has been severely eroded, and who is on the verge of becoming one of the many school dropouts, has requested and has received the assistance of a volunteer high school student. This volunteer has been programmed into the same class schedule, thus providing daily opportunities to assist the girl in making necessary adjustments and remaining in the high school program. In each of these programs there has been an emphasis on both rehabilitation for the students in emotional difficulty and for meaningful growth of desireable personal and social characteristics for the volunteer students. In trying to provide those students with the kinds of tools and experiences that will result in a more positive self-concept, we expect much to be gained by those students that volunteered to help those in need, and that by becoming involved in helping others they may themselves be less likely to become the "problem student" in the future.

In another area of preventive drug and health education, our program provides for class visitations, of all grade levels by professional health educators, to involve the various students in a series of activities that allow them to clarify their own feelings and values about themselves and others. An important outgrowth of this interaction with the teaching staffs of St. Lawrence County has been the many requests for additional aid in developing more comprehensive health education programs. As a result, a full day health education workshop is in the planning stages for the fall semester of the 1974-75 school year approximately 1200 teachers, and the supporting staff of health related personnel and school administrators will take active part in 12 separate workshops conducted by 12 different health service agencies in the local communities. It is strongly expected that teacher interest in preventive health will be amplified and many requests for fuller implementation of the health education idea will reach my office. At that point in time, I expect to need monies to capitalize on the anticipated interest and develop the kinds of preventive health education experimental programs designed to meet local needs.

Very truly yours,

John S. Inverso
Coordinator of Drug and Health
Education and Services

JSI/jfw

Miss MILLER. We thank you very much for coming.

[Whereupon, at 2 p.m., the subcommittee adjourned, subject to the call of the Chair.]

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